

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P27872

1. Entity Name

ASCOM HASLER MAILING SYSTEMS, INC.

FILED

Jun 20, 2000 8:00 am  
Secretary of State

06-20-2000 90008 040 \*\*\*550.00

Principal Place of Business

Mailing Address

19 FOREST PARKWAY  
SHELTON CT 06484

19 FOREST PKWY  
SHELTON CT 06484-6122  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

06-0798198

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOLEY & LARDNER  
200 LAURA ST.  
JACKSONVILLE FL 32201

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<del>GOGGIN, EDMOND B</del>	<del>63 MANDELL DR.</del>	<del>SOUTHINGTON CT</del>	<input checked="" type="checkbox"/>
	S	BITAR, THOMAS J	34 SPRINGBROOK RD. MORRISTOWN NJ	<input type="checkbox"/>
	A	ALLOCCA, MICHAEL A.	288 HOYT FARM ROAD NEW CANAAN CT	<input type="checkbox"/>
	D	SCHMID, ROLAND	19 FOREST PARKWAY SHELTON CT	<input checked="" type="checkbox"/>
	D	WEISSBERG, ROBERT	9 EAST 9TH ST. NEW YORK NY 10003	<input checked="" type="checkbox"/>
	T	ALBRIGHT, RICHARD	25 PINE ST. STE 1 ROCKAWAY NJ 07866	<input checked="" type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
	V	mark S. Boone	19 Forest Parkway Shelton, CT 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	D	Patrick Nangle	19 Forest Parkway Shelton, CT 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	D	Jakob Schlapbach	19 Forest Parkway Shelton, CT 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	T	Mark S. Boone	19 Forest Parkway Shelton, CT 06484	<input type="checkbox"/>	<input checked="" type="checkbox"/>

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR/EIC/14 (3/99)