

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

\* PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P30877** (5)  
1. Corporation Name  
**CONVERSION SYSTEMS, INC.**



Principal Place of Business

**200 WELSH ROAD  
HORSHAM PA 19044  
US**

Mailing Address

**FIVE HIGH RIDGE PARK  
P O BOX 10309  
STAMFORD CT 06904-2309  
US**

3. Date Incorporated or Qualified  
**09/11/1990**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

4. FET Number  
**23-2605725**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **HARKER, RICHARD A.**  
STREET ADDRESS **200 WELSH ROAD**  
CITY-ST-ZIP **HORSHAM PA**

TITLE **V** ☐ DELETE  
NAME **ANDERSON, AARNE**  
STREET ADDRESS **5 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

TITLE **S** ☐ DELETE  
NAME **HUBEN, CHRISTINA E**  
STREET ADDRESS **5 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

TITLE **V** ☐ DELETE  
NAME **HILTON, ROBERT G.**  
STREET ADDRESS **200 WELSH ROAD**  
CITY-ST-ZIP **HORSHAM PA**

TITLE **VD** ☐ DELETE  
NAME **GUZZETTI, LOUIS A., JR.**  
STREET ADDRESS **5 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

TITLE **VD** ☐ DELETE  
NAME **HULL, JAMES C.**  
STREET ADDRESS **5 HIGH RIDGE PARK**  
CITY-ST-ZIP **STAMFORD CT**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Aarne Anderson*  
Aarne Anderson Vice President

04/22/96

(203)321-1147

Date

Daytime Phone #

CR2E034 (12/95)