FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:15

DOCUMENT # **P35598** **(2)**

1. Corporation Name

ASCOM TIMEPLEX, INC.

Principal Place of Business	Mailing Address
400 CHESTNUT RIDGE ROAD P O BOX 1206 WOODCLIFF LAKE NJ 07675 US	400 CHESTNUT RIDGE ROAD P O BOX 1206 WOODCLIFF LAKE NJ 07675 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/20/1991**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: **52-1740275** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 and the date applicable (NOTE: Registered Agent signature required when reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	11 TITLE	☐ Change ☐ Addition
NAME	HAFNER, EMANUEL	12 NAME	
STREET ADDRESS	BELPSTRASSE 37	13 STREET ADDRESS	
CITY-ST-ZIP	BERN SW	14 CITY-ST-ZIP	
TITLE	AS	21 TITLE	☐ Change ☐ Addition
NAME	CARRERAS, JEAN-FRANCOIS	22 NAME	
STREET ADDRESS	1114 AVE OF THE AMERICAS	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☒ Change ☒ Addition
NAME	O'CONNOR, WILLIAM	32 NAME	P Randy Phillips
STREET ADDRESS	400 CHESTNUT RIDGE RD	33 STREET ADDRESS	400 Chestnut Ridge Rd.
CITY-ST-ZIP	WOODCLIFF LAKE NJ	34 CITY-ST-ZIP	Woodcliff Lake, NJ 07675
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	ROBSON, BRIAN	42 NAME	
STREET ADDRESS	400 CHESTNUT RIDGE RD	43 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	44 CITY-ST-ZIP	
TITLE	AT	51 TITLE	☐ Change ☐ Addition
NAME	KIRSCHBAUM, ALAN	52 NAME	
STREET ADDRESS	400 CHESTNUT RIDGE RD.	53 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	KLEIN, MARILYN Y	62 NAME	
STREET ADDRESS	400 CHESTNUT RIDGE ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	WOODCLIFF LAKE NJ	64 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)(i), 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: _____ / / 95 (201)391-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Telephone Number)

EP