

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P35598** (2)

1. Corporation Name

ASCOM TIMEPLEX, INC.



Principal Place of Business

400 CHESTNUT RIDGE ROAD
P O BOX 1206
WOODCLIFF LAKE NJ 07675
US

Mailing Address

400 CHESTNUT RIDGE ROAD
P O BOX 1206
WOODCLIFF LAKE NJ 07675
US

3. Date Incorporated or Qualified

09/20/1991

3a. Date of Last Report

02/24/1995

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE
NAME HAFNER, EMANUEL
STREET ADDRESS BELPSTRASSE 37
CITY-ST-ZIP BERN SW

TITLE AS ☐ DELETE
NAME CARRERAS, JEAN-FRANCOIS
STREET ADDRESS 1114 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY

TITLE P ☐ DELETE
NAME PHILLIPS, RANDY
STREET ADDRESS 400 CHESTNUT RIDGE RD
CITY-ST-ZIP WOODCLIFF LAKE NJ

TITLE V ☐ DELETE
NAME ROBSON, BRIAN
STREET ADDRESS 400 CHESTNUT RIDGE RD
CITY-ST-ZIP WOODCLIFF LAKE NJ

TITLE AT ☐ DELETE
NAME KIRSCHBAUM, ALAN
STREET ADDRESS 400 CHESTNUT RIDGE RD.
CITY-ST-ZIP WOODCLIFF LAKE NJ

TITLE S ☐ DELETE
NAME KLEIN, MARILYN Y
STREET ADDRESS 400 CHESTNUT RIDGE ROAD
CITY-ST-ZIP WOODCLIFF LAKE NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

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)(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:

Alan Kirschbaum
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/196

(201)391-1111

Daytime Phone #

CR2E034 (12/95)