


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90022 022 ***150.00

DOCUMENT # F01000000022
 1. Entity Name
ACCU-SORT SYSTEMS, INC.



Principal Place of Business
C/O ANTHONY J. PERRICONE
511 SCHOOLHOUSE ROAD
TELFORD, PA 18969

Mailing Address
C/O ANTHONY J. PERRICONE
511 SCHOOLHOUSE ROAD
TELFORD, PA 18969

60003097



2. Principal Place of Business
ACCU-SORT SYSTEMS, INC.
 Suite, Apt. #, etc.
511 SCHOOLHOUSE RD

3. Mailing Address
ACCU-SORT SYSTEMS, INC.
 Suite, Apt. #, etc.
511 SCHOOLHOUSE ROAD

01062006 Chg-P CR2E034 (11/05)

City & State
TELFORD, PA 18969

City & State
TELFORD, PA 18969

4. FEI Number
23-1733031

Applied For
 Not Applicable

Zip Country
18969 USA

Zip Country
18969 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JOYCE, ROBERT E	
STREET ADDRESS	511 SCHOOLHOUSE ROAD	
CITY-ST-ZIP	TELFORD, PA 18969	
TITLE	V	<input type="checkbox"/> Delete
NAME	SROKA, STANLEY	
STREET ADDRESS	2800 CRYSTAL DR.	
CITY-ST-ZIP	HATFIELD, PA 19440	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	O'REILLY, JAMES F	
STREET ADDRESS	2099 PENNSYLVANIA AVE NW	
CITY-ST-ZIP	WASHINGTON, DC 20006	
TITLE	VT	<input type="checkbox"/> Delete
NAME	BRANNING, GREGGORY	
STREET ADDRESS	2800 CRYSTAL DR	
CITY-ST-ZIP	HATFIELD, PA 19440	
TITLE	D	<input type="checkbox"/> Delete
NAME	DITKOFF, JAMES H	
STREET ADDRESS	16 W. MAIN ST.	
CITY-ST-ZIP	CHRISTIANA, DE 19702	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLENDER, PATRICK W	
STREET ADDRESS	16 W. MAIN ST.	
CITY-ST-ZIP	CHRISTIANA, DE 19702	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGG BRANNING	
STREET ADDRESS	511 SCHOOLHOUSE ROAD	
CITY-ST-ZIP	TELFORD, PA 18969	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: STAN SROKA  **1/6/2006** **(215) 723-0981**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #