

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000022

FILED
Apr 22, 2009
Secretary of State

Entity Name: ACCU-SORT SYSTEMS, INC.

Current Principal Place of Business:

ACCU-SORT SYSTEMS INC.
511 SCHOOLHOUSE ROAD
TELFORD, PA 18969

New Principal Place of Business:

Current Mailing Address:

ACCU-SORT SYSTEMS INC.
511 SCHOOLHOUSE ROAD
TELFORD, PA 18969

New Mailing Address:

FEI Number: 23-1733031 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SROKA, STANLEY
Address: 2800 CRYSTAL DR.
City-St-Zip: HATFIELD, PA 19440

Title: VPS () Delete
Name: O'REILLY, JAMES F
Address: 2099 PENNSYLVANIA AVE NW
City-St-Zip: WASHINGTON, DC 20006

Title: P () Delete
Name: BRANNING, GREGGORY
Address: 511 SCHOOLHOUSE RD
City-St-Zip: TELFORD, PA 18969

Title: D () Delete
Name: DITKOFF, JAMES H
Address: 16 W. MAIN ST.
City-St-Zip: CHRISTIANA, DE 19702

Title: D (X) Delete
Name: COMAS, DANIEL L
Address: 2099 PENNSYLVANIA AVENUE NW
City-St-Zip: WASHINGTON, DC 20006

Title: D () Delete
Name: LUTZ, ROBERT S
Address: 2099 PENNSYLVANIA AVENUE NW
City-St-Zip: WASHINGTON, DC 20006

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: PURSE, CRAIG B
Address: 1500 MITTEL BLVD.
City-St-Zip: WOOD DALE, IL 60191

Title: T/D (X) Change () Addition
Name: MCFADEN, FRANK T
Address: 2099 PENNSYLVANIA AVENUE NW
City-St-Zip: WASHINGTON, DC 20006

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/D (X) Change () Addition
Name: LUTZ, ROBERT S
Address: 2099 PENNSYLVANIA AVENUE NW
City-St-Zip: WASHINGTON, DC 20006

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A. SCHWERTNER

A/ST

04/22/2009

Electronic Signature of Signing Officer or Director

_____ Date