

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 30, 2003 8:00 am
Secretary of State

0145597 AB

DOCUMENT # **F01000000022**

1. Entity Name
ACCU-SORT SYSTEMS, INC.



07-30-2003 90070 027 ***150.00

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**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

4. FEI Number **23-1733031** Applied For
Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CBOD WURZ, ALBERT 511 SCHOOLHOUSE ROAD TELFORD PA 18969 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP LUSCINSKI, STEVEN M 511 SCHOOLHOUSE ROAD TELFORD PA 18969 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COOD WURZ, DAVID 511 SCHOOLHOUSE ROAD TELFORD PA 18969 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/COO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WURZ, RONALD 511 SCHOOLHOUSE ROAD TELFORD PA 18969 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attachment for Additional Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *SML* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 15, 2003 215-996-8205
Date Daytime Phone #

CR2E034 (4/03)

Attachment

80134482
FO1000000000



1-800-BAR-CODE™

2800 Crystal Drive
Hatfield, PA 19440-1944

215-723-0981 Voice

215-996-8249 Fax

www.accusort.com

info@accusort.com

July 10, 2003

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madame:

I am writing on behalf of Accu-Sort Systems, Inc. to advise that it did not receive notice of the Uniform Business Report prior to May 1, 2003. Accordingly, we request that the \$400 late charge be waived.

The regular \$150 filing fee and the UBR for 2003 are attached for filing herewith.

Thank you for your cooperation.

Sincerely yours,

Steven M. Luscinski
CFO

Laser Bar Code Scanners

CCD Imaging Systems

RFID

Time and Attendance

Integrated Systems

Solutions with vision®

Attachment

80134482
F0100000000000

2003 Uniform Business Report
Accu-Sort Systems, Inc.

Attachment to Box 11:

Additions:

Title	D
Name	Robert J. Cianuffoli
Street Address	104 Thackeray Close, Glenmaura Commons
City/State/Zip	Moosic, PA 18507

Title	D
Name	Ronald J. Stupak, Ph.D.
Street Address	663 Bradford Lane
City/State/Zip	Earlsville, VA 22936

Title	D
Name	Mauro Walker
Street Address	2 Wychwood Drive
City/State/Zip	Skytop, PA 18351