

FILE NOW: FILING FEE AFTER MAY 1 IS

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. M...
Secretary of
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 8:59

DOCUMENT # **P27872** (1)
1. Corporation Name
ASCOM HASLER MAILING SYSTEMS, INC.

Principal Place of Business Mailing Address
19 FOREST PARKWAY SHELTON CT 06484

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

3. Date Incorporated or Qualified **01/26/1990** 3a. Date of Last Report **02/02/1994**
4. FEI Number **06-0798198** Applied For
Not Applicable
5. Certificate of Status Desired \$8.75 Additional
Fees 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
FOLEY & LARDNER
200 LAURA ST.
JACKSONVILLE FL 32201

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

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GOGGIN, EDMOND B
STREET ADDRESS	63 MANDELL DR.
CITY-STATE-ZIP	SOUTHINGTON CT
TITLE	S
NAME	BITAR, THOMAS J
STREET ADDRESS	34 SPRINGBROOK RD.
CITY-STATE-ZIP	MORRISTOWN NJ
TITLE	Dx
NAME	ABY JUNG X
STREET ADDRESS	ED 207X
CITY-STATE-ZIP	SOHLIGEN, SWITZERLAND
TITLE	Dx
NAME	KAMBER JUNG X
STREET ADDRESS	SOUHREXANEX X
CITY-STATE-ZIP	SOHLIGEN, SWITZERLAND
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	REMOVE
34 CITY-STATE-ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	REMOVE
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	President
53 STREET ADDRESS	Allocca, Michael A.
54 CITY-STATE-ZIP	288 Hoyt Farm Road New Canaan, CT 06840
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee appointed 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: **Edmond B. Goggin** *K. Edmond B. Goggin* 1/26/95 203-926-1087
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR