

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90163 008 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27872
 1. Corporation Name
ASCOM HASLER MAILING SYSTEMS, INC.

Principal Place of Business 19 FOREST PARKWAY SHELTON CT 06484	Mailing Address 400 CHESTNUT RIDGE ROAD WOODCLIFF LAKE NJ 07675 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 19 FOREST PARKWAY
22 City & State	27 SHELTON, CT
23 Zip Country	28 06484 USA

3. Date Incorporated or Qualified 01/26/1990	
4. FEI Number 06-0798198	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOGGIN, EDMOND B	1.2 NAME	
STREET ADDRESS	63 MANDELL DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SOUTHINGTON CT	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BITAR, THOMAS J	2.2 NAME	
STREET ADDRESS	34 SPRINGBROOK RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLOCCA, MICHAEL A.	3.2 NAME	
STREET ADDRESS	288 HOYT FARM ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHMID, ROLAND	4.2 NAME	
STREET ADDRESS	19 FOREST PARKWAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHELTON CT	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT WEISSBERG	5.2 NAME	
STREET ADDRESS	9 EAST 9TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10003	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD ALBRIGHT	6.2 NAME	
STREET ADDRESS	25 PINE ST., SUITE 1	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKAWAY, NJ 07866	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: Edmond Goggin Edmond Goggin, Vice Pres. 1/26/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)