

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 20, 2000 8:00 am
Secretary of State

06-20-2000 90008 040 ***550.00

DOCUMENT # P27872

1. Entity Name
ASCOM HASLER MAILING SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
19 FOREST PARKWAY **19 FOREST PKWY**
SHELTON CT 06484 **SHELTON CT 06484-6122**
US

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State 4. FEI Number **06-0798198** 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 7. Name and Address of New Registered Agent
FOLEY & LARDNER Name
200 LAURA ST. Street Address (P.O. Box Number is Not Acceptable)
JACKSONVILLE FL 32201 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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00** After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State
 10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Delete GOGGIN, EDMOND B 63 MANDELL DR. SOUTHINGTON CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition mark S. Boone 19 Forest Parkway Shelton, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete S BITAR, THOMAS J 34 SPRINGBROOK RD. MORRISTOWN NJ	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete V ALLOCCA, MICHAEL A. 288 HOYT FARM ROAD NEW CANAAN CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D SCHMID, ROLAND 19 FOREST PARKWAY SHELTON CT	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Patrick Nangle 19 Forest Parkway Shelton, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete D WEISSBERG, ROBERT 9 EAST 9TH ST. NEW YORK NY 10003	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition D Jakob Schlapbach 19 Forest Parkway Shelton, CT 06484
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete T ALBRIGHT, RICHARD 25 PINE ST. STE 1 ROCKAWAY NJ 07866	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition T Mark S. Boone 19 Forest Parkway Shelton, CT 06484

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark S. Boone Mark Boone SR VP / CFO Date: 6/12/00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR:1014 (3/99)