



Office of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1986)

Required of Persons, Including Labor Relations
Consultants and Other Individuals and Organizations,
Under Section 203(b) of the Labor-Management
Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved. — OMB
No. 1214-0001
Expires: 12/31/86

A. PERSON FILING

1. NAME AND ADDRESS (include ZIP code)

Sunbelt Organization Services, Inc.
759 Bloomfield Avenue, No. 142
West Caldwell, NJ 07006
(FORMERLY LOCATED AT 8711 PINNACLE
PEAK RD., SCOTTSDALE, AZ 85255)

2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:

3. FILE NO.
C- 0322

4. PERIOD COVERED BY THIS REPORT	From:	Month	Day	Year
	To:	01	01	2002
		12	31	2002

D.—STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)

Boulden, Inc., 540 Old Barksdale Road
Newark, DE 19711

6. TERMINATION DATE	7. AMOUNT
12/31/2010	1000000
12/31/2011	1000000
12/31/2012	1000000
12/31/2013	1000000
12/31/2014	1000000
12/31/2015	1000000
12/31/2016	1000000
12/31/2017	1000000
12/31/2018	1000000
12/31/2019	1000000
12/31/2020	1000000
12/31/2021	1000000
12/31/2022	1000000
12/31/2023	1000000
12/31/2024	1000000
12/31/2025	1000000
12/31/2026	1000000
12/31/2027	1000000
12/31/2028	1000000
12/31/2029	1000000
12/31/2030	1000000
12/31/2031	1000000
12/31/2032	1000000
12/31/2033	1000000
12/31/2034	1000000
12/31/2035	1000000
12/31/2036	1000000
12/31/2037	1000000
12/31/2038	1000000
12/31/2039	1000000
12/31/2040	1000000
12/31/2041	1000000
12/31/2042	1000000
12/31/2043	1000000
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12/31/2046	1000000
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12/31/2089	1000000
12/31/2090	1000000
12/31/2091	1000000
12/31/2092	1000000
12/31/2093	1000000
12/31/2094	1000000
12/31/2095	1000000
12/31/2096	1000000
12/31/2097	1000000
12/31/2098	1000000
12/31/2099	1000000
12/31/2100	1000000

12-14-01	*6,997.15
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Paid 1-15-02

Ravmour & Flanigan, 7230 Morgan Road
Liverpool, NY 13090

12-14-01	5,904.81
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Paid 1-7-02

Freehold Cartage Inc., 825 Highway 33 East
P.O. Box 5010, Freehold, NJ 07728

12-28-01	24,111.52
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Paid 1-25-02

Waste Management Company, 13, Peggy Parkway Drive
Dunmore, PA 18512

2-1-02	51,123.37
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CONTINUED ON PAGE 2

TOTAL	\$
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C.—STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

B. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

Total Disbursements to officers and employees:

9. Office and Administrative Expenses	\$
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements	\$
(Sum of Items 9-13).	

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
		\$	
		TOTAL \$	

90-1-107
FBI - NEW YORK

IF MORE SPACE IS NEEDED ATTACH ADDITIONAL SHEETS

E.—VERIFICATION AND SIGNATURE. The person in Item I above and each of his undersigned authorized officers declares, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED: _____ PRESIDENT
 (If other title,
 cross out and
 write in correct
 title above.)
 st: _____ ent: _____
 City State Date

SIGNED: _____, TREASURER
 (If other title, cross out and write in correct title above.)
 at: City State enc: _____ Date _____



Office of Labor-Management Standards
Washington, D.C. 20210
(Feb. 1986)

Required of Persons, Including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, As Amended (LMRDA)

Form Approved — OMB
No. 1214-0001
Expires: 12/31/86

A—PERSON FILING

1. NAME AND ADDRESS (Include ZIP code)		2. ANY OTHER ADDRESS WHERE RECORDS NECESSARY TO VERIFY THIS REPORT ARE KEPT:		
Sunbelt Organization Services, Inc. 759 Bloomfield Avenue, No. 142 West Caldwell, NJ 07006				
3. FILE NO.	4. PERIOD COVERED BY THIS REPORT	Month	Day	Year
C-0322	From:	01	01	2002
	To:	12	31	2002

B.—STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Burgemeister-Bell, Inc., 10331 S. Dolfield Road Owings Mills, MD 21117	5-9-02	\$ 17,146.66
Mazza & Sons, Inc., 3230 Shafto Road Tinton Falls, NJ 07724	5-13-02	3,071.59
Waste Management of New Hampshire, Inc., 26 Liberty Drive, Londonderry, NH 03053	6-14-02	91,190.32
Dixie Printing & Packaging Corporation 7354-8 Baltimore-Annapolis Blvd., Glen Burnie, MD 21061	6-15-02	78,304.22
	CONTINUED ON	PAGE 4
	TOTAL	\$

C.—STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

2. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses	\$
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements (Sum of Items 9-13)	\$

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15. EMPLOYER	16. TO WHOM PAID	17. AMOUNT	18. PURPOSE
		\$	
		TOTAL \$	

one instructions.

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E.—VERIFICATION AND SIGNATURE. The person in item 1 above and each of his undersigned authorized officers declare, under penalty of law, that all information in this report, including all attachments incorporated therein or referred to in this report, has been examined by him and is, to the best of his knowledge and belief, true, correct, and complete.

SIGNED: _____ **PRESIDENT** **SIGNED:** _____ **TREASURER**
 (If other title, cross out and write in correct title above.)
 at: _____ City _____ State _____ on: _____ Date _____
 at: _____ City _____ State _____ on: _____ Date _____
 (If other title, cross out and write in correct title above.)

LM-21
(Rev. 2/86)



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3. FILE NO. C- 0322		4. PERIOD COVERED BY THIS REPORT		Month	Day	Year
		From:		01	01	2002
		To:		12	31	2002

D.—STATEMENT OF RECEIPTS. Report all receipts from employers in connection with labor relations advice or services regardless of the purposes of the advice or services.

5. NAME AND ADDRESS OF EMPLOYER (Include ZIP code)	6. TERMINATION DATE	7. AMOUNT
Contour Packaging Corporation, 637 West Rockland Street, Philadelphia, PA 19120	8-8-02	\$ 2,091.58
Shure-Line Construction, Inc., 281 West Commerce Street, Kenton, DE 19955	8-8-02	13,911.16
Messer-MG Industries, One Steel Road East Morrisville, PA 19067	8-13-02	34,196.07
Cavalier Telephone Company, 18 Shea Way, Ste. 116 Newark, DE 19713	8-16-02	10,446.75
	CONTINUED ON	PAGE 5
	TOTAL	\$

C. STATEMENT OF DISBURSEMENTS. Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part b.

2. DISBURSEMENTS TO OFFICERS AND EMPLOYEES:

(a) Name	(b) Salary	(c) Expenses	(d) Totals
	\$	\$	\$
Total Disbursements to officers and employees:			\$

9. Office and Administrative Expenses	\$
10. Publicity	
11. Fees for Professional Services	
12. Loans Made	
13. Other Disbursements	
14. Total Disbursements	
(Sum of Items 8-13)	\$

D.—SCHEDULE FOR STATEMENT OF DISBURSEMENTS. Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

[illegible]

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SIGNED: _____ **PRESIDENT** (If other title, cross out and write in correct title above.)
at: _____ **City** _____ **State** _____ **DATE** _____

SIGNED: _____ **TREASURER** (If other title, cross out and write in correct title above.)
at: _____ **City** _____ **State** _____ **DATE** _____