

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 PM 1:56**

**DOCUMENT # 800719 (7)**

1. Corporation Name

**MCCRORY CORPORATION D-I-P**

Principal Place of Business

Mailing Address

**INCOME TAX DEPARTMENT  
2955 E. MARKET STREET  
YORK PA 17402**

**INCOME TAX DEPARTMENT  
2955 E. MARKET STREET  
YORK PA 17402**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/20/1915** 3a. Date of Last Report **05/01/1994**

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 25 Country 29 Country 30 Country

4. FEI Number **13-5580679** Applied For  Not Applicable

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

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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 607.05-02 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

(Signature typed or printed name of registered agent and the corporation)

(Name of Registered Agent for other purposes also permitted)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **COB**  
NAME **RIKLIS, MESHULAM**  
STREET ADDRESS **2901 LAS VEGAS BLVD., SO.**  
CITY, ST, ZIP **LAS VEGAS NV**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY, ST, ZIP

TITLE **SVP**  
NAME **WEINER, PAUL**  
STREET ADDRESS **687 MADISON AVENUE**  
CITY, ST, ZIP **NEW YORK NY**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY, ST, ZIP

TITLE **P**  
NAME **JACKEL, STEPHEN M**  
STREET ADDRESS **2955 E. MARKET STREET**  
CITY, ST, ZIP **YORK PA**

3.1 TITLE  Change  Addition  
3.2 NAME **NONE**  
3.3 STREET ADDRESS  
3.4 CITY, ST, ZIP

TITLE **VCD**  
NAME **MARGOLIS, KARL L.**  
STREET ADDRESS **687 MADISON AVENUE**  
CITY, ST, ZIP **NEW YORK NY**

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY, ST, ZIP

TITLE **S**  
NAME **GOLDBERG, WILLIAM**  
STREET ADDRESS **2955 E. MARKET ST.**  
CITY, ST, ZIP **YORK PA**

5.1 TITLE  Change  Addition  
5.2 NAME **HASKELL, DEAN**  
5.3 STREET ADDRESS  
5.4 CITY, ST, ZIP

TITLE **AS**  
NAME **BULZACHELLI, PAUL**  
STREET ADDRESS **2955 E. MARKET ST**  
CITY, ST, ZIP **YORK PA**

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY, ST, 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 119.02(6)(b), 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 registrar or master empowered to receive 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: *Paul Bulzacchelli* **PAUL F. BULZACCHELLI** **4/26/95 (717) 757 8655**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Please)