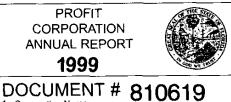
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

BENJAMIN MOORE & CO.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am **Secretary of State**

03-06-1999 90090 002 ***150.00



Principal Place of Business Mailing Address CHESTNUT RIDGE ROAD CHESTNUT RIDGE ROAD MONTVALE. NEWJERSEY 07645 MONTVALE, NEWJERSEY 07645 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 11/04/1955 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business 13-5256230 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State **Election Campaign Financing** Trust Fund Contribution Added to Fees 23 28 Country Country Zip 8. This corporation owes the current year Intangible Zíp □No Personal Property Tax. Yes 30 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CT CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 83 85 Zip Code 84 City 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 (agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Change ☐ DELETE 1.1 TITLE TITLE WORKMAN, MAURICE C 1.2 NAME NAME 31 SHERWOOD DOWNS 1.3 STREET ADDRESS STREET ADDRESS PARK RIDGE NJ 14 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ DELETE 2.1 TITLE DTLE DUPUY, YVAN 2.2 NAME NAME 51 CHESTNUT RIDGE RD 2.3 STREET ADDRESS STREET ADDRES MONTVALE NJ 07645 2, 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change DELETE TITLE 3.1 TITLE VAIL, CHARLES C. 32 NAME NAME 560 W CRESCENT AVENUE 3.3 STREET ADDRESS STREET ADDRESS ALLENDALE NJ 3.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE BELCHER JR, BENJAMIN M 1, 2 NAME NAME 99 BARNES RD 4.3 STREET ADDRESS STREET ADDRESS STAMFORD CT 4.4 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ DELETE 51 TITLE TITLE 5.2 NAME RAFFERTY, JOHN T NAME 5.3 STREET ADDRESS 51 CHESTNUT RIDGE RD STREET ADDRESS MINTVALE NJ 07645 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE CD 62 NAME ROOB, RICHARD NAME 6.3 STREET ADDRESS 14 EAST 90TH STREET STREET ADDRESS 6.4 CITY-ST-ZIP NEW YORK, NY 00000

14. 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 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.

CITY-ST-ZIP

ERATURE REQUIRED SIGNATURE:

Daytime Phone #

CR2E034 (11/98)