

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 810619

1. Entity Name
BENJAMIN MOORE & CO.



Principal Place of Business

**101 PARAGON DR.
MONTVALE, NJ 07645**

Mailing Address

**101 PARAGON DR.
MONTVALE, NJ 07645**

DO NOT WRITE IN THIS SPACE



04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-5256230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000350549
06/03/08-80072-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	C
NAME	DUPUY, YVAN
STREET ADDRESS	101 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE, NJ 07645
TITLE	TCIO
NAME	MEGIN, JAMES
STREET ADDRESS	101 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE, NJ 07645
TITLE	PCOO
NAME	ABRAMS, DENNIS
STREET ADDRESS	101 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE, NJ 07645
TITLE	SV
NAME	GLACCUM, JOANN
STREET ADDRESS	101 PARAGON DRIVE
CITY-ST-ZIP	MONTVALE, NJ 07645
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James Megin

Date

Daytime Phone #

4/23/08 *201-573-9600*