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

FILED
Jun 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 838745

1. Corporation Name
Stonhard, Inc.

Principal Place of Business
1 Park Avenue
PO Box 308
Maple Shade, NJ 08052

Mailing Address
same

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified
7/11/1977

4. FEI Number
56-0184790
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
United States Corporation Company
1201 Hays Street
Suite 105
Tallahassee, FL 32301

10. Name and Address of New Registered Agent
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 607.0502 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 corporations 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	John H. Morris - Director	☐ Change ☒ Addition
NAME	David P. Reif		1.2 NAME		
STREET ADDRESS	223 Hickory Lane		1.3 STREET ADDRESS	2628 Pearl Rd.	
CITY-ST-ZIP	Haddonfield, NJ		1.4 CITY-ST-ZIP	Medina, OH	
TITLE	VP - Director	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	James Karman		2.2 NAME		
STREET ADDRESS	2628 Pearl Rd.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Medina, OH		2.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Donald R. Zikmund		3.2 NAME		
STREET ADDRESS	504 Eaglebrook Dr.		3.3 STREET ADDRESS		
CITY-ST-ZIP	Moorestown, NJ		3.4 CITY-ST-ZIP		
TITLE	President	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	Jeffrey M. Stork		4.2 NAME		
STREET ADDRESS	26 W. Old Gulph Rd.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Gladwyne, PA		4.4 CITY-ST-ZIP		
TITLE	VP-Operations	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	James M. Hamer		5.2 NAME		
STREET ADDRESS	35 Rollingwood Dr.		5.3 STREET ADDRESS		
CITY-ST-ZIP	Voorhees, NJ		5.4 CITY-ST-ZIP		
TITLE	Secretary	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	Paul A. Granzier		6.2 NAME		
STREET ADDRESS	2628 Pearl Rd.		6.3 STREET ADDRESS	200002562542	
CITY-ST-ZIP	Medina, OH		6.4 CITY-ST-ZIP	-06/17/98--01019--026 ***165.00	

CR2E034 (10/97)

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 report or supplemental attached 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 added above.

SIGNATURE: X Mark E. Mahon 3/31/98 (609) 321-7500
SIGNATURE AND TYPED OR PRINTED NAME OF PERSIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER