01291999-90054-014-$150.00-$150.00

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PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -1 AM 8:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 838745

1. Corporation Name
STONHARD, INC.

Principal Place of Business	Mailing Address
1 PARK AVE. P. O. BOX 308 MAPLE SHADE NJ 08052	1 PARK AVE. P. O. BOX 308 MAPLE SHADE NJ 08052

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 07/11/1977
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 the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	1.1 TITLE	Chief Financial Officer	☐ Change ☒ Addition
NAME	REIF, DAVID P.		1.2 NAME	Mark F. McGonigle	
STREET ADDRESS	223 HICKORY LANE		1.3 STREET ADDRESS	One Park Ave.	
CITY-ST-ZIP	HADDONFIELD NJ		1.4 CITY-ST-ZIP	Maple Shade, NJ 08052	
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KARMAN, JAMES A		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	ZIKMUND, DONALD R		3.2 NAME		
STREET ADDRESS	504 EAGLEBROOK DRIVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MOORESTOWN, NJ 00000		3.4 CITY-ST-ZIP		
TITLE	P	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STORK, JEFFREY		4.2 NAME		
STREET ADDRESS	28 W. OLD GULPH ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	GLADWYNE PA		4.4 CITY-ST-ZIP		
TITLE	VPO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HAMER, JAMES		5.2 NAME		
STREET ADDRESS	35 ROLLINGWOOD DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	VOORHEES NJ		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	GRANZIER, PAUL A		6.2 NAME		
STREET ADDRESS	2628 PEARL RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	MEDINA OH		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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.

SIGNATURE: Mark F. McGonigle **CORRECTED** (609) 321-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #