FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **850798** **(0)**

1. Corporation Name

THE SPERRY AND HUTCHINSON COMPANY, INC.

Principal Place of Business	Mailing Address
315 PARK AVENUE SOUTH NEW YORK NY 10010	315 PARK AVENUE SOUTH NEW YORK NY 10010

3. Date Incorporated or Qualified: **10/22/1981**

3a. Date of Last Report: **03/07/1995**

4. FEI Number: **13-3085363** ☐ 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

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

9. Name and Address of Current Registered Agent

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

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 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 _____

12. OFFICERS AND DIRECTORS		
TITLE	COB	☐ DELETE
NAME	STEINBERG, JOSEPH S.	
STREET ADDRESS	84 REMSEN STREET	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	S	☐ DELETE
NAME	KLINDTWORTH, RUTH	
STREET ADDRESS	138 PARK AVENUE	
CITY-ST-ZIP	EASTCHESTER NY	
TITLE	D	☐ DELETE
NAME	CUMMING, IAN M	
STREET ADDRESS	1470 MILITARY WAY	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	PD	☐ DELETE
NAME	BERLIN, JOEL	
STREET ADDRESS	32 CORONA DRIVE	
CITY-ST-ZIP	BETHPAGE NY	
TITLE	V	☐ DELETE
NAME	BERKE, KENNETH L.	
STREET ADDRESS	86 PROSPECT PARK WEST	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	AS	☐ DELETE
NAME	GALVANI, TIL	
STREET ADDRESS	~~1026 BARBARA COURT~~	
CITY-ST-ZIP	N. BELLMORE NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☑ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	2146 ROSEMONT St, N. BELLMORE, NY 11710	
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 119.07(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.

SIGNATURE: Til Galvani TIL GALVANI 2/26/96 212-548-3135

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #