


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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90067 012 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F95000000920</b>			
1. Corporation Name <b>MOORE MEDICAL CORP.</b>			
Principal Place of Business 389 JOHN DOWNEY DR. NEW BRITAIN CT 06050		Mailing Address 389 JOHN DOWNEY DR. NEW BRITAIN CT 06050	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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	PD	1.1 TITLE	CFO
NAME	KARP, MARK E	1.2 NAME	Mr. David V. Harper
STREET ADDRESS	389 JOHN DOWNEY DR.	1.3 STREET ADDRESS	389 John Downey Drive
CITY-ST-ZIP	NEW BRITAIN CT 06050	1.4 CITY-ST-ZIP	New Britain, CT 06050
TITLE	V	2.1 TITLE	V
NAME	KOLLMAYER, KENNETH S	2.2 NAME	Mr. Richard A. Bucchi
STREET ADDRESS	389 JOHN DOWNEY DR.	2.3 STREET ADDRESS	389 John Downey Drive
CITY-ST-ZIP	NEW BRITAIN CT 06050	2.4 CITY-ST-ZIP	New Britain, CT 06050
TITLE	S	3.1 TITLE	D
NAME	GREENBERGER, JOSEPH	3.2 NAME	Mr. Wilmer J. Thomas, Jr.
STREET ADDRESS	1370 AVE. OF AMERICAS, #2701	3.3 STREET ADDRESS	272 Undermountain Rd.
CITY-ST-ZIP	NEW YORK NY 10019	3.4 CITY-ST-ZIP	Salisbury, CT 06068
TITLE	CFO	4.1 TITLE	
NAME	MURRAY, JOHN A	4.2 NAME	
STREET ADDRESS	389 JOHN DOWNEY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW BRITAIN CT 06050	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	SUTRO, PETER C	5.2 NAME	Mr. Steven Kotler/Schroder & Co.
STREET ADDRESS	389 JOHN DOWNEY DR.	5.3 STREET ADDRESS	787 Seventh Ave - 5th Floor
CITY-ST-ZIP	NEW BRITAIN CT 06050	5.4 CITY-ST-ZIP	New York, NY 10019-6016
TITLE	D	6.1 TITLE	D
NAME	STEELE, ROBERT H	6.2 NAME	Mr. Dan K. Wassong/Del Laboratories Inc.
STREET ADDRESS	389 JOHN DOWNEY DR.	6.3 STREET ADDRESS	565 Broad Hollow Rd.
CITY-ST-ZIP	NEW BRITAIN CT 06050	6.4 CITY-ST-ZIP	Farmingdale, NY 11735

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 149.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)