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May 14, 1999 8:00 am  
Secretary of State

05-14-1999 90009 048 \*\*\*300.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F96000005255

1. Corporation Name  
LUMEX SALES AND DISTRIBUTION CO., INC.



Principal Place of Business Mailing Address  
CORPORATION TRUST CENTER CORPORATION TRUST CENTER 81 SPENCE ST  
1209 ORANGE STREET 1209 ORANGE STREET Bayshore NY  
WILMINGTON DE 19801 WILMINGTON DE 19801 11706

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
10/10/1996  
4. FEI Number Applied For  
58-2260698 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  
C T CORPORATION SYSTEM  
1200 SOUTH 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE PD- X DELETE  
NAME GELINGER, IRWIN  
STREET ADDRESS 400 RABRO DR E  
CITY-ST-ZIP HAUPPAUGE NY 11788  
TITLE VCV X DELETE  
NAME HUNTZ, JOHN J JR  
STREET ADDRESS 1201 W. PEACHTREE STREET, NW, SUITE 5000  
CITY-ST-ZIP ATLANTA GA 30309  
TITLE S X DELETE  
NAME HUTCHESON, MILDRED H  
STREET ADDRESS 1201 W. PEACHTREE STREET, NW, SUITE 5000  
CITY-ST-ZIP ATLANTA GA 30309  
TITLE D X DELETE  
NAME GIORDANO, ANDREW A  
STREET ADDRESS 400 RABRO DR E  
CITY-ST-ZIP HAUPPAUGE NY 11788  
TITLE D X DELETE  
NAME DELANEY, DAVID P JR  
STREET ADDRESS 400 RABRO DR E  
CITY-ST-ZIP HAUPPAUGE NY 11788  
TITLE D X DELETE  
NAME KLAMON, LAWRENCE P.  
STREET ADDRESS 1201 W. PEACHTREE STREET, SUITE 5000  
CITY-ST-ZIP ATLANTA GA

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 (SEE ATTACHED)  
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  
6.4 CITY-ST-ZIP

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: X (516)439-4480

CR2E034 (1/98)