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

PROFIT CORPORATION ANNUAL REPORT
1998

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

FILED
Jan 29 1998 8:00am
Secretary of State

DOCUMENT # **P28668** **(2)**

1. Corporation Name
ENTHONE-OMI, INC.

Principal Place of Business	Mailing Address
180 MAIDEN LANE NEW YORK NY 10038-1925	180 MAIDEN LANE NEW YORK NY 10038-1925

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/28/1990

2. Principal Place of Business	2a. Mailing Address
21 180 MAIDEN LANE	26 180 MAIDEN LANE
Suite, Apt. #, etc. 22 TAX DEPT, 23RD FLOOR	Suite, Apt. #, etc. 27 TAX DEPT 23RD FLOOR
City & State 23 NEW YORK, N.Y.	City & State 28 NEW YORK, NY
Zip / Country 24 10038 / 25	Zip / Country 29 10038 / 30

4. FEI Number: 13-3545892 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	PCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	FANELLI, R.G.		1.2 NAME	
STREET ADDRESS	350 FRONTAGE RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	W HAVEN CT 06516		1.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCCAFFREY, KEVIN J.		2.2 NAME	
STREET ADDRESS	180 MAIDEN LANE		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10038		2. 4 CITY-ST-ZIP	
TITLE	VPI	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WYNSCHRINK, JO W		3.2 NAME	
STREET ADDRESS	350 FRONTAGE RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST HAVEN CT		3.4. CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GONZALEZ, C.D.		4. 2 NAME	
STREET ADDRESS	180 MAIDEN LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10038		4.4 CITY-ST-ZIP	
TITLE	VP	☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, C. F.		5.2 NAME	
STREET ADDRESS	180 MAIDEN LANE		5.3 STREET ADDRESS	VACANT
CITY-ST-ZIP	NEW YORK NY 10038		5.4 CITY-ST-ZIP	
TITLE	EVP	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SHARP, R.H.		6.2 NAME	
STREET ADDRESS	350 FRONTAGE RD		6.3 STREET ADDRESS	
CITY-ST-ZIP	W HAVEN CT		6.4 CITY-ST-ZIP	

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 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: C.D. Gonzalez VP Carmen D. Gonzalez 1/21/98 (212)510-2000