

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 31, 1999 8:00 am
Secretary of State

03-31-1999 90002 021 ***150.00

DOCUMENT # P28668

1. Corporation Name
ENTHONE-OMI, INC.

Principal Place of Business

180 MAIDEN LANE
TAX DEPT. 23RD FLOOR
NEW YORK NY 10038
US

Mailing Address

180 MAIDEN LANE
TAX DEPT. 23RD FLOOR
NEW YORK NY 10038
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/28/1990

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 the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21 180 MAIDEN LANE

Suite, Apt. #, etc.

22 TAX DEPT. 23RD FLOOR

City & State

23 NY, NY

Zip

24 10038

Country

25

2a. Mailing Address

26 180 MAIDEN LANE

Suite, Apt. #, etc.

27 TAX DEPT. 23RD FL

City & State

28 NY, NY

Zip

29 10038

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

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 PCEO ☐ DELETE
NAME FANELLI, R.G.
STREET ADDRESS 350 FRONTAGE RD
CITY-ST-ZIP W HAVEN CT 06516

TITLE AS ☐ DELETE
NAME MCCAFFREY, KEVIN J.
STREET ADDRESS 180 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY 10038

TITLE VPI ☐ DELETE
NAME WYNSCHIRK, JO W
STREET ADDRESS 350 FRONTAGE RD
CITY-ST-ZIP WEST HAVEN CT

TITLE S ☐ DELETE
NAME GONZALEZ, C.D.
STREET ADDRESS 180 MAIDEN LANE
CITY-ST-ZIP NEW YORK NY 10038

TITLE EVP ☐ DELETE
NAME SHARP, R.H.
STREET ADDRESS 350 FRONTAGE RD
CITY-ST-ZIP W HAVEN CT

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR25034 (11/08)