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 # **F95000000920 (7)**

1. Corporation Name

MOORE MEDICAL CORP.

Principal Place of Business	Mailing Address
389 JOHN DOWNEY DR. NEW BRITAIN CT 06050	389 JOHN DOWNEY DR. NEW BRITAIN CT 06050

3. Date Incorporated or Qualified: 02/24/1995
3a. Date of Last Report: N/A

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 22-1897821 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301

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
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	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	KARP, MARK E		1.2 NAME	Steven Kotler	
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	☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	KOLLMEYER, KENNETH S		2.2 NAME	William J. Thomas, Jr.	
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	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	GREENBERGER, JOSEPH		3.2 NAME	Dan Wassong	
STREET ADDRESS	1370 AVE. OF AMERICAS, #2701		3.3 STREET ADDRESS	389 John Downey Drive	
CITY-ST-ZIP	NEW YORK NY 10019		3.4 CITY-ST-ZIP	New Britain, CT 06050	
TITLE	CFO	☐ DELETE	4.1 TITLE	V	☐ Change ☒ Addition
NAME	MURRAY, JOHN A		4.2 NAME	John E. Dillaway	
STREET ADDRESS	389 JOHN DOWNEY DR.		4.3 STREET ADDRESS	389 John Downey Drive	
CITY-ST-ZIP	NEW BRITAIN CT 06050		4.4 CITY-ST-ZIP	New Britain, CT 06050	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SUTRO, PETER C		5.2 NAME		
STREET ADDRESS	389 JOHN DOWNEY DR.		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT 06050		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STEELE, ROBERT H		6.2 NAME		
STREET ADDRESS	389 JOHN DOWNEY DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BRITAIN CT 06050		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)(k), 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: John A Murray 2/5/96 860-826-3677
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #