SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F94000002907 (3)**

1. Corporation Name
HPG INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
200 COTTONTAIL LN. SOMERSET NJ 08873	200 COTTONTAIL LN. SOMERSET NJ 08873

3. Date Incorporated or Qualified: **06/03/1994**
3a. Date of Last Report: **08/31/1995**

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

4. FEI Number: **22-3277866** ☐ 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 Section 607.0502 and/or 607.0508, 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, if applicable) (Title if Registered Agent) (Signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DELLEVIGNE, JOHN P		1.2 NAME	
STREET ADDRESS	200 COTTONTAIL LN.		1.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERSET NJ 08873		1.4 CITY-ST-ZIP	
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHANNES, MICHAEL		2.2 NAME	
STREET ADDRESS	200 COTTONTAIL LN.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERSET NJ 08873		2.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RAWLINGS, BERNARD		3.2 NAME	
STREET ADDRESS	200 COTTONTAIL LN.		3.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERSET NJ 08873		3.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ABITABILO, NEIL J		4.2 NAME	
STREET ADDRESS	200 COTTONTAIL LN.		4.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERSET NJ 08873		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, PHILIP		5.2 NAME	
STREET ADDRESS	200 COTTONTAIL LN.		5.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERSET NJ 08873		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	OAKDEN, WALTER		6.2 NAME	
STREET ADDRESS	200 COTTONTAIL LN.		6.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERSET NJ 08873		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John P Dellevigne 6/13/96 (717) 474-4407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #