

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 28 1997 8:00am  
Secretary of State

DOCUMENT # F95000000920 (7)

1. Corporation Name  
MOORE MEDICAL CORP.



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

Mailing Address  
389 JOHN DOWNEY DR.  
NEW BRITAIN CT 06051-2807

3. Date Incorporated or Qualified 02/24/1995	3a. Date of Last Report 02/12/1996
4. FEI Number 22-1897821	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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 85 Zip Code FL
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KARP, MARK E 389 JOHN DOWNEY DR. NEW BRITAIN CT 06050	1.1 TITLE	D Mr. Steven Kotler
NAME		1.2 NAME	Scroder Wertheim & Co. Incorporated
STREET ADDRESS		1.3 STREET ADDRESS	787 Seventh Avenue - 5th Floor
CITY-ST-ZIP		1.4 CITY-ST-ZIP	New York, NY 10019-6016
TITLE	V KOLLMAYER, KENNETH S 389 JOHN DOWNEY DR. NEW BRITAIN CT 06050	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S GREENBERGER, JOSEPH 1370 AVE. OF AMERICAS, #2701 NEW YORK NY 10019	3.1 TITLE	D Mr. Wilmer J. Thomas, Jr.
NAME		3.2 NAME	272 Undermountain Rd.
STREET ADDRESS		3.3 STREET ADDRESS	Salisbury, CT 06068
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CFO MURRAY, JOHN A 389 JOHN DOWNEY DR. NEW BRITAIN CT 06050	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D SUTRO, PETER C 389 JOHN DOWNEY DR. NEW BRITAIN CT 06050	5.1 TITLE	D Mr. Dan K. Wassong
NAME		5.2 NAME	Del Laboratories, Inc.
STREET ADDRESS		5.3 STREET ADDRESS	565 Broad Hollow Rd.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D STEELE, ROBERT H 389 JOHN DOWNEY DR. NEW BRITAIN CT 06050	6.1 TITLE	Farmingdale, NY 11735
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: \_\_\_\_\_ May 16, 1997 (860) 826-3629  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date Daytime Phone

CR2E034 (9/96)