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FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P36702

(9)

1. Corporation Name

TRACE FOAM COMPANY, INC.

Principal Place of Business

375 PARK AVENUE
11TH FLOOR
NEW YORK NY 10152
US

Mailing Address

C/O M SCHWARTZBARD & ASSOC.
354 EISENHOWER PKWY
LIVINGSTON NJ 07039
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/17/1991

4. FEI Number

22-3065375

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

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
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

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 D
NAME COHEN, PETER A
STREET ADDRESS C/O RAMIUS PARTNERS, 40 W 57TH ST
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE VPTD
NAME NELSON, ROBERT H.
STREET ADDRESS 375 PARK AVENUE 11TH FL.
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE DEVP
NAME ZIMMERMAN, BARRY
STREET ADDRESS 375 PARK AVENUE 11TH FL.
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE VPS
NAME SMITH, PHILIP N., JR.
STREET ADDRESS 375 PARK AVENUE 11TH FL.
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE AS
NAME KING, TAMBRA
STREET ADDRESS 375 PARK AVENUE 11TH FL.
CITY-ST-ZIP NEW YORK NY

☐ DELETE

TITLE AS
NAME HERSHON, JUDITH J.
STREET ADDRESS 375 PARK AVENUE 11TH FL.
CITY-ST-ZIP NEW YORK NY

☐ DELETE

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 ASSISTANT SECRETARY ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE SECRETARY ☒ 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.

SIGNATURE: X *Sandra B. Mortham*

2/5/98 X 212-230-0483

CR2E034 (10/97)