

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

**389 JOHN DOWNEY DR.
NEW BRITAIN CT 06050**

Mailing Address

**389 JOHN DOWNEY DR.
NEW BRITAIN CT 06050**

FILED
Aug 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ 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

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	PD	<input type="checkbox"/> DELETE
NAME	KARP, MARK E	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-STATE-ZIP	NEW BRITAIN CT 06050	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOLLMAYER, KENNETH S	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-STATE-ZIP	NEW BRITAIN CT 06050	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREENBERGER, JOSEPH	
STREET ADDRESS	1370 AVE. OF AMERICAS, #2701	
CITY-STATE-ZIP	NEW YORK NY 10019	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	MURRAY, JOHN A	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-STATE-ZIP	NEW BRITAIN CT 06050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTRO, PETER C	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-STATE-ZIP	NEW BRITAIN CT 06050	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STEELE, ROBERT H	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-STATE-ZIP	NEW BRITAIN CT 06050	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mr. Steven Kotler
1.3 STREET ADDRESS	Schroder & Co., Inc.
1.4 CITY-STATE-ZIP	787 Seventh Ave. - 5th Floor
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	New York, NY 10019-6016
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Mr. Wilmer J. Thomas, Jr.
3.3 STREET ADDRESS	272 Undermountain Rd.
3.4 CITY-STATE-ZIP	Salisbury, CT 06068
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Mr. Dan K. Wassong /Del Laboratories Inc.
4.3 STREET ADDRESS	565 Broad Hollow Rd.
4.4 CITY-STATE-ZIP	Farmingdale, NY 11735
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mr. Richard Bucchi
6.3 STREET ADDRESS	389 John Downey Dr.
6.4 CITY-STATE-ZIP	New Britain, CT 06050

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:

[Signature]

August 18, 1998 (860) 826-2670

CR2E034 (5/98)