ANNUAL REPORT
1995

Division of Corporations

95 MAY -1 AM 10:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 164136 (4)

1. Corporation Name
THE COPPERTONE CORPORATION

Principal Place of Business	Mailing Address
ONE GIRALDA FARMS P.O. BOX 1000 MADISON NJ 07940	ONE GIRALDA FARMS P.O. BOX 1000 MADISON NJ 07940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/02/1951	3a. Date of Last Report: 05/01/1994
4. FEI Number: 62-0594292	☐ 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	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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	1.1 TITLE	☐ Change ☐ Addition
NAME	WHITTAKER, RICHARD	1.2 NAME	
STREET ADDRESS	111 ALLEN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	LIBERTY CORNER NJ	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	☐ Change ☐ Addition
NAME	CARLSEN, RICHARD D.	2.2 NAME	
STREET ADDRESS	3030 JACKSON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MEMPHIS TN	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLS, DANIEL A.	3.2 NAME	
STREET ADDRESS	ONE GIRALDA FARMS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	~~WASSERSTEIN, JEFFREY~~	4.2 NAME	TRAINOR, ROBERT
STREET ADDRESS	2000 GALLOPING HILL RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	KENILWORTH NJ	4.4 CITY-ST-ZIP	
TITLE	VAT	5.1 TITLE	☐ Change ☐ Addition
NAME	WYSZOMIERSKI, JACK, L	5.2 NAME	
STREET ADDRESS	ONE GIRALDA FARMS	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	☐ Change ☐ Addition
NAME	SORIERO, DONALD J	6.2 NAME	
STREET ADDRESS	ONE GIRALDA FARMS	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ 00	6.4 CITY-ST-ZIP	

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)(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: Donald J. Soriero Donald J. Soriero Asst. Treasurer 4/27/95 (201) 822-7028
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

094804 FP