

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

90 MAR 17 PM 1:42

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 247745

1. Corporation Name
MOHANSIC CORP.

Principal Place of Business
3493 CROMPOND RD
YORKTOWN HEIGHTS NY 10598-0701

Mailing Address
727 CENTRAL AVENUE
SCARSDALE NY 10583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/24/1961

4. FEI Number
58-0860809

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 the current year Intangible Personal Property Tax Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

28 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

8. 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME CURRY, B. F. JR
STREET ADDRESS 50 INVERNESS RD
CITY-ST-ZIP SCARSDALE NY 10583

1.1 TITLE DST
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TSO
NAME CURRY III, B F
STREET ADDRESS 720 MILTON RD., APT. 1A SOUTH
CITY-ST-ZIP RYE NY 10580

2.1 TITLE DPA
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE AD
NAME CURRY-YOUNG, LEIGH
STREET ADDRESS 4505 VICTORIA DRIVE
CITY-ST-ZIP MT. KISCO NY 10549

3.1 TITLE A
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE AD
4.2 NAME Robin Bennochis
4.3 STREET ADDRESS 90 Constat Ave.
4.4 CITY-ST-ZIP Yonkers, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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 19.07(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 the appointment with an address, with all other like empowered.

SIGNATURE: *[Signature]* Secretary 1/4/99 914-733-9200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0966370

CR2E034 (1/198)