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FILED
Feb 18 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 # 677801 (3)
 1. Corporation Name
EMERALD MANUFACTURING COMPANY



Principal Place of Business: **800 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632**
 Mailing Address: **800 SYLVAN AVENUE ENGLEWOOD CLIFFS NJ 07632**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/08/1980	
21	Suite, Apt. #, etc.	26	State, Apt. #, etc.	4. FEI Number 59-2025293	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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

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 _____ (Name of Registered Agent's signature required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	PRES. & TREASURER, DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, ROBERT M	1.2 NAME	RICE J.W
STREET ADDRESS	33 BENEDICT PLACE	1.3 STREET ADDRESS	390 PARK AVE
CITY-STATE-ZIP	GREENWICH CT 06830	1.4 CITY-STATE-ZIP	NEW YORK, NY 10022
TITLE	PT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRY, MARK	2.2 NAME	
STREET ADDRESS	33 BENEDICT PLACE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	GREENWICH CT 06830	2.4 CITY-STATE-ZIP	
TITLE	VPS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KURTZ, MELVIN H	3.2 NAME	
STREET ADDRESS	33 BENEDICT PLACE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	GREENWICH CT 06830	3.4 CITY-STATE-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEONARD, KENNETH C	4.2 NAME	
STREET ADDRESS	33 BENEDICT PLACE	4.3 STREET ADDRESS	
CITY-STATE-ZIP	GREENWICH CT 06830	4.4 CITY-STATE-ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANTZ, JOHN	5.2 NAME	
STREET ADDRESS	800 SYLVAN AVENUE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	ENGLEWOOD CLIFFS NJ 07632	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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; the recipient or business 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 is identical, consistent with an address.

SIGNATURE: *X John Krantz* **1/23/98** (201) 871-5563

CR2E034 (10/97)