

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **805802**

(6)

1. Corporation Name

**STAPLING MACHINES CO.**



Principal Place of Business

Mailing Address

**41 PINE ST  
ROCKAWAY NEW JERSEY 07866**

**400 CHESTNUT RIDGE RD  
WOODCLIFF LAKE NJ 07675  
US**

3. Date Incorporated or Qualified  
**07/01/1957**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
**22-1302780**

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

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

Signature typed or printed name of signing officer or director

(Note: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WEISSBERG, ESQ. N</b>	
STREET ADDRESS	<b>19 FOREST PARKWAY</b>	
CITY-ST-ZIP	<b>SHELTON CT</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>BITAR, THOMAS J</b>	
STREET ADDRESS	<b>53 MAPLE AVE</b>	
CITY-ST-ZIP	<b>MORRISTOWN, N J 00000</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>JANIA, ROBERT</b>	
STREET ADDRESS	<b>41 PINE PINE ST</b>	
CITY-ST-ZIP	<b>ROCKAWAY, N.J. 0786</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNI, EMANUEL DR</b>	
STREET ADDRESS	<b>BOLLINSTRASSE 56, 3000</b>	
CITY-ST-ZIP	<b>BERN 22, SWITZERLAND</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KAMBER, URS</b>	
STREET ADDRESS	<b>BELPSTRASSE 37 CH-3000</b>	
CITY-ST-ZIP	<b>BERN14 SW</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE:

*Robert Jania* **ROBERT JANIA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/18/96**

**(201) 391-1111**  
Daytime Phone #

CR2E034 (12/95)