FILE NOW: FILING FEE AFTER MAY 1 IS \$550.Q0

₽ROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

STAPLING MACHINES COMPANY

Principal Place of Business

Mailing Address

41	PINE STREET	
Ko	CKAWAYINJ 07866	•

400 CHESTNUT RIDGE RD WOODCLIFF LAKE, NJ 07675

FILED
May 06 1997 8:00am
Secretary of State

3a. Date of Last Report 05-01-96

3. Date Incorporated or Qualified

07-01-57

		2a, Mailing Ac	drass			4. FEI Number		· 				
} ₁	Place of Business	}ı	ini 422				700	<u></u>	Applied F			
21		26				22-1302	180		Not Appli			
Suite Ar	ot # etc	Suite, Apt.	. #, etc.			5. Certificate of Status	Desired []		75 Addition			
22		27				o. Contincate of States	Desirou	' Fe	e Required			
City 8 St	ate	City & Star	le			6. Election Campaign F	inancino	\$5	.00 May B	e		
28					Trust Fund Contribution				ided to Fees			
Zip Country Zip					country B. This corporation has liability for intangible tax under s. 1							
24	25 29 30					Florida Statutes						
[24]	9. Name and Address of Curre			Т	·	10. Name and Address						
	5. Name and Address of Come	ut Leftsteier when		81	Name	To: Italice Site Musicap	Of Hotel Hogisti	NOO ANOIL				
				1	(144)							
AT ALTONO IN CHEMICAL						itreet Address (P.O. Box Number is Not Acceptable)						
(1)	CORPORATION SYS											
120	OS. PINE ISLANI	S KOAD		83								
				84	0.				7: 0-1			
PLA	ANTATION, FL 33	30-1		84	City			Fi 85	Zip Code			
44 O	at to the provisions of Sections 607.05	02 and 607 1509 Fb	orida Statutos, the s	hous	-named o	ornaration submits this statem	ent for the nurry	se of chenn	ing its regis	tered		
office o	in to the provisions of sections 607.05 ir registered agent, or both, in the Stat i am famil ar with, and accept the oblig	e of Florida Such ch	nange was authorize	d by	the corpo	ration's board of directors. I he	ereby accept the	appointme	nt as registe	red		
agent i	i ani famil ar with, and accept the obli	gations of, Section 6	07.0505, Florida Sta	tutes	i. `		, ,	* * *	•			
SIGNATURE												
	Jayrian 😓 typing or prinsen name of registered a		(NOTE: Register	d Age	nt signature re	quired when reinstating)		ATE				
12.	OFFICERS AF	ND DIRECTORS	13.			ADDITIONS/CHANGE	S TO OFFICERS					
THE	President	X	DELETE 1.17	ITLE	1	PRESIDENT/LEO		Cha	ange 🔀 Ad	ddition		
NAME	Norbert Weissburg		1.21	AME	- 12	EDWARD HUTSON						
STREET ADDRESS	NOIDEL DEISSIMI)				400 CHESTNUT RIDG	E POAN					
	THOUSE ST. PEW 7		1					75				
CHY+ST-Zif	Shelten CT	,, 		ITY-S	T- ZIP	NOODCLIFF LAKE	NJ OIL			4400		
THE	SECRETARY	اسا	DELETE 2.17	IILE	- 1			լ ։ Մո	ange 🔲 A	ddition		
NAME	Thomas J. BITAR		221	IAME	Į							
STHEFT ADDRESS	34 Spring Brook ROA	D	23.9	TREET	ADDRESS							
Optiv \$1,700	MORRISTOWN, NJ 074	360	24	CITY - S	:T-7IP							
101	7701010101010101010	<u> </u>	DELETE 311			REASURER	,	Cha	arige X A	ddition		
	TREASURGR.		•	IAME		CHARD AlbrIGHT						
NAMI	Robert Jania					100 CHESTNUT RIDGE	E PARA					
STREET ADDRES			3.3 9	TREET	ADDRESS	100 CHESINGI KIDO	و دوم در سود د					
CHY-51-7F	ROCKAWay, NJO	7866		CITY-S	T-ZIP	UCODCLIFF LAKE, 1	VJ 0761	<u> </u>				
TITLE	DiRECTOR	` J⊠	DELETE 411	ITLE]	DIRECTOR		L.) Chi	ange 💢 Ai	ddition		
NAM:	ARNI, Emanuel DR	•	4 2	NAME	`	EDMOND Goggin			•			
STREET ADDRES	ARRIGINAL CONTRACT	·v·	43.5	TREET		19 Forest Parkwa	W					
				ITY-S	Į	Shelton, CT 0643						
01'v-51-79	Bern 22, SWITZER	Z CMM	DELETE 511			DIRECTOR	L	Ch	1/	(diliah		
Tif	Director.	بعر	`									
NAME	KAMBER, URS	_	•	IAME	. (1	ROLAND Schmid	u		6/12			
STRAFFALARIS	BELPSTRASSE 37 CH	-3000	5.3 9	TREET	ADDRESS	17 Belpstrasse CI	H-2000	\mathcal{M}	VIII	17-1		
0017 ST 76	BEEN 14 SW		540	DITY-S	T-ZIP	BERN 14, Switze	er land	//[17			
Trif			DELETE 611	ITLE		7		₽ ch	ange A	ddition		
NAM!		****	601	IAME	}	დოითი	12174	നമാ	**			
	!				1600500	20000 -05/09/9	7					
518(11.4008ch	^ <u> </u>		1		ADDRESS			U46				
0174 St Z 5				HY-S		***165.0t	<u> </u>					
14. Lag he	reby certify that the information supplies a redicated on this annual report of	ed with this filing do	es not qualify for the	exe	mption sta	sted in Section 119.07(3)(i). Fic	orida Statutes. I f	urther certify	r that the	h tha		
införna Larebe	ek i meticaled on this annual report of officer or cirector of the corporation (supplemental annua or the receiver or trui	arreport is true and stee empowered to	exec	ute this re	port as required by Chapter 6	07, Florida Statu	tes; and that	my name	u , #181		
appear	s in Brock 12 or Block 13 dichariges.	or on an attachment	with an address.				, _ ,		,			
	V/ //	// //////.	//			. ا ار	0 190	CONTRA	۱.			
SIGNA	SIGNATURE: When the stand of signing of the printed name of t											
	SIGNATURE AND TYPED	OR PRINTED NAME OF SIG	NING OFFICER OR DIREC	TOR		Date	7	Daytime Pri	one #			