

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 16 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **810619** (7)
 1. Corporation Name
BENJAMIN MOORE & CO.



Principal Place of Business CHESTNUT RIDGE ROAD MONTVALE, NEWJERSEY 07645	Mailing Address CHESTNUT RIDGE ROAD MONTVALE, NEWJERSEY 07645
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/04/1955	
21	22	26	27	4. FEI Number 13-5256230	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		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				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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WORKMAN, MAURICE C	1.2 NAME	
STREET ADDRESS	31 SHERWOOD DOWNS	1.3 STREET ADDRESS	
CITY-ST-ZIP	PARK RIDGE NJ	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRITZ, W.J.	2.2 NAME	Yvan Dupuy
STREET ADDRESS	11 COUNTRY LANE	2.3 STREET ADDRESS	51 Chestnut Ridge Road
CITY-ST-ZIP	MAHWAH NJ	2.4 CITY-ST-ZIP	Montvale, NJ 07645
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAIL, CHARLES C.	3.2 NAME	
STREET ADDRESS	500 W CRESCENT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENDALE NJ	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BELCHER JR, BENJAMIN M	4.2 NAME	
STREET ADDRESS	99 BARNES RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUAID, MICHAEL C	5.2 NAME	John T. Rafferty
STREET ADDRESS	2116 N STILES STREET	5.3 STREET ADDRESS	51 Chestnut Ridge Road
CITY-ST-ZIP	LINDEN, NJ 07036	5.4 CITY-ST-ZIP	Montvale, NJ 07645
TITLE	CD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROOB, RICHARD	6.2 NAME	
STREET ADDRESS	14 EAST 90TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 00000	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 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:  **John T. Rafferty** 7/18/98 (201)573-9600

CR2E034 (5/98)