FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **812285** **(5)**

1. Corporation Name
EDWIN B. STIMPSON COMPANY, INC.

Principal Place of Business	Mailing Address
900 SYLVAN AVENUE BAYPORT L. I. NY 11705	900 SYLVAN AVENUE BAYPORT L. I. NY 11705

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/21/1957**
3a. Date of Last Report: **01/25/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):
4. FEI Number: **11-1373230** ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

City & State (23):
City & State (28):
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24): Country (25): Zip (29): Country (30):
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCB	1.1 TITLE		☐ Change ☐ Addition
NAME	RAU, HOWARD C.	1.2 NAME		
STREET ADDRESS	1515 SW 13TH COURT	1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE	RETIRED	☒ Change ☐ Addition
NAME	SHERIDAN, EDWARD J.	2.2 NAME		
STREET ADDRESS	900 SYLVAN AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	BAYPORT NY	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	THOMAS, SCOTT H	3.2 NAME		
STREET ADDRESS	1515 SW 13TH CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BCH FL	3.4 CITY-ST-ZIP		
TITLE	EVD	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	RAU, RALPH E., JR.	4.2 NAME		
STREET ADDRESS	900 SYLVAN AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BAYPORT NY	4.4 CITY-ST-ZIP		
TITLE	ATD	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	RAUSS, WILLIAM G	5.2 NAME		
STREET ADDRESS	900 SYLVAN AVE.	5.3 STREET ADDRESS		
CITY-ST-ZIP	BAYPORT NY	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	DEWALTERS, EDWARD J	6.2 NAME		
STREET ADDRESS	900 SYLVAN AVE.	6.3 STREET ADDRESS		
CITY-ST-ZIP	BAYPORT NY	6.4 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)(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 addition.

SIGNATURE: George A. Fortmuller 1/17/95 (516)472-2000
Signature and typed or printed name of person signing (Attach additional sheet if necessary) Date Area Code and Daytime Phone Number
GEORGE A. FORTMULLER, SECRETARY/VICE PRES./CHIEF FINANCIAL OFFICER

0470720 FP

12. **OFFICERS AND DIRECTORS (Continued)**

7.1	Title:	V/S/CFO/D
7.2	Name:	FORTMULLER, GEORGE A.
7.3	Address:	900 SYLVAN AVENUE
7.4	City-St-Zip:	BAYPORT, NY 11705
8.1	Title:	V/D
8.2	Name:	JOHN H. RAU
8.3	Address:	1515 S.W. 13TH COURT
8.4	City-St-Zip:	POMPANO BEACH, FLA 33069
9.1	Title:	EV/D
9.2	Name:	JAMES E. CUENIN
9.3	Address:	900 SYLVAN AVENUE
9.4	City-St-Zip:	BAYPORT, NY 11705