

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jan 20 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 # **812285** (5)
1. Corporation Name
EDWIN B. STIMPSON COMPANY, INC.

Principal Place of Business 900 SYLVAN AVENUE BAYPORT L. I. NY 11705	Mailing Address 900 SYLVAN AVENUE BAYPORT L. I. NY 11705
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/21/1957	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 11-1373230	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" 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	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCB	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, SCOTT H	2.2 NAME	
STREET ADDRESS	1515 SW 13TH CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAU, RALPH E. JR.	3.2 NAME	
STREET ADDRESS	900 SYLVAN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BAYPORT NY	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAUSS, WILLIAM G	4.2 NAME	
STREET ADDRESS	900 SYLVAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAYPORT NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEWALTERS, EDWARD J	5.2 NAME	
STREET ADDRESS	900 SYLVAN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAYPORT NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

George W. Smith VP/CFO 1/5/98

(516) 472-2000

CR2E034 (10/97)

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