

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

**FILED**

**Apr 17 1997 8:00am  
Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # 824206 (7)**  
1. Corporation Name  
**METAL IMPROVEMENT COMPANY INC**



Principal Place of Business: **10 FOREST AVENUE PARAMUS NJ 07652**  
Mailing Address: **10 FOREST AVENUE PARAMUS NJ 07652-5238**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/09/1970</b>	3a. Date of Last Report <b>04/16/1996</b>
21	22	26	27	4. FEI Number <b>22-1861245</b>	Applied For Not Applicable
23		28		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NACHMAN, GERALD</b>	1.2 NAME	
STREET ADDRESS	<b>10 FOREST AVENUE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PARAMUS NJ</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BLOOM, EDWARD</b>	2.2 NAME	
STREET ADDRESS	<b>10 FOREST AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PARAMUS NJ</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DC</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LASKY, DAVID</b>	3.2 NAME	
STREET ADDRESS	<b>1200 WALL ST. WEST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LYNDHURST NJ</b>	3.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSCIN, JAMES J.</b>	4.2 NAME	
STREET ADDRESS	<b>10 FOREST AVENUE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PARAMUS NJ</b>	4.4 CITY - ST - ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT BOSI</b>	5.2 NAME	<b>ROBERT BOSI, ROBERT</b>
STREET ADDRESS	<b>1200 WALL STREET, W</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LYNDHURST NJ</b>	5.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, DANO</b>	6.2 NAME	<b>TAYLOR, DANA</b>
STREET ADDRESS	<b>1200 WALL ST W</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LYNDHURST NJ</b>	6.4 CITY - ST - ZIP	

14. I do 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 a partner, officer 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:** \_\_\_\_\_ **DATE:** **4/8/97** **DAYTIME PHONE:** **201-843-7800**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)