

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

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**FILED**  
**Feb 18, 1999 8:00am**  
**Secretary of State**

02-18-1999 90025 036 \*\*\*\*150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 824206**  
 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

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 03/09/1970  
 4. FEI Number: 22-1861245 Applied For: Not Applicable  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax: Yes No

9. Name and Address of Current Registered Agent  
 CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD NACHMAN, GERALD	1.1 TITLE	
NAME	10 FOREST AVENUE	1.2 NAME	
STREET ADDRESS	PARAMUS NJ	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V BLOOM, EDWARD	2.1 TITLE	
NAME	10 FOREST AVENUE	2.2 NAME	
STREET ADDRESS	PARAMUS NJ	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DC LASKY, DAVID	3.1 TITLE	
NAME	1200 WALL ST. WEST	3.2 NAME	
STREET ADDRESS	LYNDHURST NJ	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V RUSCIN, JAMES J.	4.1 TITLE	
NAME	10 FOREST AVEUNE	4.2 NAME	
STREET ADDRESS	PARAMUS NJ	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	TD BOSI, ROBERT	5.1 TITLE	
NAME	1200 WALL STREET, W	5.2 NAME	
STREET ADDRESS	LYNDHURST N	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S TAYLOR, DANA	6.1 TITLE	
NAME	1200 WALL ST W	6.2 NAME	
STREET ADDRESS	LYNDHURST NJ	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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1/28/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (11/98)