

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morham

Secretary of State

DIVISION OF CORPORATIONS

1996 5-1-96

B-61664

DOCUMENT # 832887

(4)

1. Corporation Name

SANITARY-DASH MANUFACTURING CO., INC.



Principal Place of Business

Mailing Address

929 RIVERSIDE DR
N. GROSVENORDALE CT 06255-0815
US

P O BOX 815
N. GROSVENORDALE CT 06255-0815
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc. 26 P.O. Box 2000

22 City & State 27 Suite, Apt. #, etc.

23 City & State 28 Erie, PA

24 Zip 25 Country 29 16514 30 US

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/17/1974

3a. Date of Last Report

01/20/1995

4. FET Number

06-0734926

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 has liability for intangible tax under s. 199.032,
Florida Statutes. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

SANITARY-DASH OF FLORIDA, INC.
929 RIVERSIDE DR
2800 OAKMONT AVE, TARPON SPRGS, FL
N. GROSVENORDALE CT 06255

81 Name

CT Corporation System

82 Street Address (P.O. Box Number is Not Acceptable)

1200 South Pine Island Road

83

84 City

Plantation

FL

85 Zip Code

33324

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, Sections 607.0506, Florida Statutes.

SIGNATURE

Lisa K. Pastor

LISA K. PASTOR

4/30/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE

NAME SMITH, EDGAR
STREET ADDRESS 375 PARK AVE, SUITE 3502
CITY-ST-ZIP NEW YORK, NEW YORK 00000

TITLE V ☒ DELETE

NAME WEINER, MARTIN S.
STREET ADDRESS DARBY RD.
CITY-ST-ZIP BROOKLYN CT

TITLE V ☒ DELETE

NAME BENOIT, PETER
STREET ADDRESS 117 WOODSIDE ST
CITY-ST-ZIP PUTNAM CT

TITLE PD ☐ DELETE

NAME SCHUMANN, MALCOLM
STREET ADDRESS 105 CUTLER HILL RD
CITY-ST-ZIP WOODSTOCK CT

TITLE VS ☐ DELETE

NAME LAVIGNE, LEO R.
STREET ADDRESS 229 ALLEN HILL RD.
CITY-ST-ZIP BROOKLYN CT

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

P/D

☐ Change

☒ Addition

1.2 NAME

Alex P. Marini

1.3 STREET ADDRESS

1801 Pittsburgh Avenue

1.4 CITY-ST-ZIP

Erie, PA 16505

2.1 TITLE

T

☐ Change

☒ Addition

2.2 NAME

Michael Vieyra

2.3 STREET ADDRESS

1801 Pittsburgh Avenue

2.4 CITY-ST-ZIP

Erie, PA 16505

3.1 TITLE

S

☐ Change

☐ Addition

3.2 NAME

Dennis Haines

3.3 STREET ADDRESS

One Zurn Place

3.4 CITY-ST-ZIP

Erie, PA 16505

4.1 TITLE

VP

☒ Change

☐ Addition

4.2 NAME

VP

4.3 STREET ADDRESS

VP

4.4 CITY-ST-ZIP

VP

5.1 TITLE

Assistant Secretary

☒ Change

☐ Addition

5.2 NAME

AT

5.3 STREET ADDRESS

One Zurn Place

5.4 CITY-ST-ZIP

Erie, PA 16505

6.1 TITLE

AT

☐ Change

☒ Addition

6.2 NAME

James H. Hynes

6.3 STREET ADDRESS

One Zurn Place

6.4 CITY-ST-ZIP

Erie, PA 16505

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)(k), 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:

James H. Hynes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96

814/452-2111

CR2E034 (12/95)