

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90019 045 \*\*\*150.00

US56468

PROFIT CORPORATION  
 ANNUAL REPORT  
 1999



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

**DOCUMENT # 837300**

1. Corporation Name  
**THE ROCHESTER CORPORATION**



Principal Place of Business  
**751 OLD BRANDY ROAD  
 CULPEPER VA 22701**

Mailing Address  
**751 OLD BRANDY ROAD  
 CULPEPER VA 22701**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**11/02/1976**

2. Principal Place of Business  
 21

2a. Mailing Address  
 26

4. FEI Number  
**54-1031795**

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 Country  
 24 25

Zip Country  
 29 30

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>GARVEY, NEIL</b>	
STREET ADDRESS	<b>340 MT KEMBLE AVE</b>	
CITY-ST-ZIP	<b>MORRISTOWN NJ 07960</b>	
TITLE	<b>VPGM</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WALSH, PATRICK</b>	
STREET ADDRESS	<b>340 MT KEMBLE AVE</b>	
CITY-ST-ZIP	<b>MORRISTOWN NJ 07960</b>	
TITLE	<b>VPS</b>	<input type="checkbox"/> DELETE
NAME	<b>GUTLIN, IRVING</b>	
STREET ADDRESS	<b>1 TYCO PARK</b>	
CITY-ST-ZIP	<b>EXETER NH</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>GUARNIERI, JOHN</b>	
STREET ADDRESS	<b>1 TYCO PARK</b>	
CITY-ST-ZIP	<b>EXETER NH</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>SWATRZ, MARK</b>	
STREET ADDRESS	<b>1 TYCO PARK</b>	
CITY-ST-ZIP	<b>EXETER NH</b>	
TITLE	<b>AT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MILLER, BARBARA</b>	
STREET ADDRESS	<b>1 TYCO PARK</b>	
CITY-ST-ZIP	<b>EXETER NH</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Hyde, Gary C.</b>
2.3 STREET ADDRESS	<b>751 Old Brandy Road</b>
2.4 CITY-ST-ZIP	<b>Culpeper, VA 22701</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<b>Vice President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>Treasurer</b>
6.3 STREET ADDRESS	<b>Robinson, Michael A.</b>
6.4 CITY-ST-ZIP	<b>One Town Center Road Boca Raton, FL 33486</b>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(2)(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 307, 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: Gary C. Hyde, Vice President (540) 825-2111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)