

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90129 035 \*\*\*150.00

**DOCUMENT # 838485**

1. Entity Name  
**PAXAR AMERICAS, INC.**



Principal Place of Business  
**105 CORPORATE PARK DR.  
WHITE PLAINS, NY 10604-3814**

Mailing Address  
**105 CORPORATE PARK DR.  
WHITE PLAINS, NY 10604-3814 US**



04062004 Chg-P CR2E034 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number  
**06-0861226**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1210 HAYS STREET  
TALLAHASSEE, FL 32301**

Name =  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing **\$5.00 May Be**  
Trust Fund Contribution, ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PLAXE, JACK R**  
CITY-ST-ZIP **6 EAGLE NEST ROAD  
MORRISTOWN, NJ 07960**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10 VICTORIA LANE**  
CITY-ST-ZIP **MORRISTOWN, NJ 07960**

TITLE ☐ Delete  
NAME **P**  
STREET ADDRESS **PLAY, JACK R**  
CITY-ST-ZIP **6 EAGLE NEST RD  
MORRISTOWN, NJ 07960**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **PLAXE, JACK R**  
CITY-ST-ZIP **10 VICTORIA LANE  
MORRISTOWN, NJ 07960**

TITLE ☐ Delete  
NAME **V**  
STREET ADDRESS **JORDAN, JOHN P**  
CITY-ST-ZIP **105 COPORATE PARK DR  
WHITE PLAINS, NY 10604**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **STONE, ROBERT S**  
CITY-ST-ZIP **705 BURR FARMS ROAD  
MOUNT KISCO, NY 10549**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

**ROBERT S STONE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/13/04**  
Date

**(914) 697-6800**  
Daytime Phone #