

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **839256** (5)

1. Corporation Name  
**COSCO INDUSTRIES, INC.**

Principal Place of Business  
**56 CHURCH STREET  
SPRING VALLEY NY 10977**

Mailing Address  
**56 CHURCH STREET  
SPRING VALLEY NY 10977**

FILED  
Jan 30 1997 8:00am  
Secretary of State



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/05/1977</b>		3a. Date of Last Report <b>01/30/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>13-2908456</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANAU, KENNETH JR.</b>	1.2 NAME	
STREET ADDRESS	<b>35 HEIGHTS ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>RIDGEWOOD NJ</b>	1.4 CITY - ST - ZIP	
TITLE	<b>CEO</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, ROBERT F.</b>	2.2 NAME	
STREET ADDRESS	<b>7220 W. WILSON AVENUE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>HARWOOD HEIGHTS IL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>EVD</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, ARTHUR W., III</b>	3.2 NAME	
STREET ADDRESS	<b>7150 BRYAN DAIRY ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LARGO FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>M</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHMIDT, ARTHUR W., JR</b>	4.2 NAME	
STREET ADDRESS	<b>100 HIGHWAY AVENUE</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NANUET NY</b>	4.4 CITY - ST - ZIP	
TITLE	<b>P</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TITTLE, DAVID E.</b>	5.2 NAME	
STREET ADDRESS	<b>30 IVY HILL RD.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHAPPAQUA NY</b>	5.4 CITY - ST - ZIP	
TITLE	<b>STV</b>	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, PAUL L.</b>	6.2 NAME	
STREET ADDRESS	<b>18 STURBRIDGE CT.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>NANUET NY</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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Paul L. Becker, Vice Pres. 914-356-6000**

Date

Daytime Phone #

CR2E034 (9/96)