

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90007 049 ***150.00

DOCUMENT # 839256

1. Entity Name

COSCO INDUSTRIES, INC.



Principal Place of Business

80 RED SCHOOLHOUSE ROAD SUITE 105
CHESTNUT RIDGE NY 10977-7052

Mailing Address

80 RED SCHOOLHOUSE ROAD SUITE 105
CHESTNUT RIDGE NY 10977-7052

04000152

2. Principal Place of Business

7220 W Wilson Av
Suite, Apt. #, etc.

3. Mailing Address

7220 W Wilson Av
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Harwood Heights IL
Zip 60706 Country US

City & State

Harwood Heights IL
Zip 60706 Country US

4. FEI Number

13-2908456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	SAPERSTEIN, ROBERT	
STREET ADDRESS	215 KEARSING PARKWAY	
CITY-ST-ZIP	MONSEY NY 10952	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	SCHMIDT, ROBERT F.	
STREET ADDRESS	7220 W. WILSON AVENUE	
CITY-ST-ZIP	HARWOOD HEIGHTS IL	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, GEORGE D	
STREET ADDRESS	1625 COUNTRY CLUB ROAD	
CITY-ST-ZIP	NORWAY ME 04268	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TITTLE, DAVID E.	
STREET ADDRESS	30 IVY HILL RD.	
CITY-ST-ZIP	CHAPPAQUA NY	
TITLE	STV	<input checked="" type="checkbox"/> Delete
NAME	BECKER, PAUL L.	
STREET ADDRESS	6 LARKSPUR COURT	
CITY-ST-ZIP	NEW CITY NY	
TITLE	ATD	<input checked="" type="checkbox"/> Delete
NAME	SCHMIDT, ALICE D.	
STREET ADDRESS	100 HIGHWAY AVENUE	
CITY-ST-ZIP	NANUET NY 10954	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D/S/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOODY, BRETT	
STREET ADDRESS	7220 W. WILSON AV	
CITY-ST-ZIP	HARWOOD HTS IL 60706	
TITLE	VP/D/S/M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOWALEC, MATT	
STREET ADDRESS	7220 W. WILSON AVE	
CITY-ST-ZIP	HARWOOD HTS IL 60706	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *X [Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/12/04 708-457-2402

Date

Daytime Phone #