

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # 844544

1. Entity Name
STOEVER, GLASS & CO., INC.



Principal Place of Business
30 WALL STREET
NEW YORK, NY 10005

Mailing Address
30 WALL STREET
NEW YORK, NY 10005

DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number
13-2505863

Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

U.S. CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	STOEVER, FREDERICK J.
STREET ADDRESS	401 BOOTH AVE.
CITY- ST- ZIP	ENGLEWOOD, NJ 07631
TITLE	V
NAME	STOEVER, RUSSELL J.
STREET ADDRESS	ROCKLEIGH ROAD
CITY- ST- ZIP	ROCKLEIGH, NJ 07647
TITLE	S
NAME	CARRIGG, MICHAEL F
STREET ADDRESS	26 RIVERSIDE ROAD
CITY- ST- ZIP	SANDY HOOK, CT 06482
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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04/15/05-80030-007 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Michael F. Carrigg MICHAEL F. CARRIGG 4/11/05 (212) 952-1930
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #