

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 849343

(9)

1. Corporation Name

RIVERSIDE CHEMICAL COMPANY

Principal Place of Business

**15 COLUMBUS CIR.
NEW YORK NY 10023-7706**

Mailing Address

**15 COLUMBUS CIR.
NEW YORK NY 10023-7706**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/05/1981

3a. Date of Last Report

02/02/1994

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 375 HUDSON STREET

2a. Mailing Address

26 375 HUDSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 11TH FLOOR

27 11TH FLOOR

City & State

City & State

23 NEWYORK, NEWYORK

28 NEWYORK, NEWYORK

Zip

Country

Zip

Country

24 10014

25

29 10014

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MARVIN, DALE K
STREET ADDRESS	15 COLUMBUS CIR.
CITY - ST - ZIP	NEW YORK, NY 00000
TITLE	VPT
NAME	ASH, EILEEN
STREET ADDRESS	15 COLUMBUS CIR.
CITY - ST - ZIP	NEW YORK, NY 00000
TITLE	AVP
NAME	KUSHAY, RICARD
STREET ADDRESS	15 COLUMBUS CIR.
CITY - ST - ZIP	NEW YORK, NY 00000
TITLE	AS
NAME	VAN NAME, JUDY
STREET ADDRESS	15 COLUMBUS CIR.
CITY - ST - ZIP	NEW YORK, NY 00000
TITLE	AVAT
NAME	CAMPANA, ANITA
STREET ADDRESS	15 COLUMBUS CIR.
CITY - ST - ZIP	NEW YORK, NY 00000
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	RICHARD KUSHAY	
1.3 STREET ADDRESS	375 HUDSON STREET	
1.4 CITY - ST - ZIP	NEWYORK, NY 10014	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	***PLEASE SEE ATTACHED RIDER***	
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: EILEEN ASH/ *Eileen Ash*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/95

212-463-4674

8419313

OFFICERS

PRESIDENT

RICHARD KUSHAY

**VICE PRESIDENT
& SECRETARY**

EILEEN ASH

**VICE PRESIDENT
& TREASURER**

ANITA CAMPANA

**ASST. VICE PRES.
& ASST. SECRETARY**

JUDY VAN NAME

**ALL TO:
375 HUDSON STREET
NEW YORK, NEW YORK
10014**

**ASST. VICE PRES.
& ASST. TREASURER**

MARIA DOSCHER

DIRECTORS

RICHARD KUSHAY

EILEEN ASH

ANITA CAMPANA

REV. 3/15/95