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Apr 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 849902

(2)

1. Corporation Name

LEHIGH SAFETY SHOE CO.

Principal Place of Business

1100 E MAIN ST
ENDICOTT NY 13760

Mailing Address

1100 E MAIN ST
ENDICOTT NY 13760-5254



3. Date Incorporated or Qualified

08/04/1981

3a. Date of Last Report

05/01/1996

4. FEI Number

22-2335414

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 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 26 27 28 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME JOHNSON, KEITH D.
STREET ADDRESS 1100 E MAIN ST
CITY-ST-ZIP ENDICOTT NY ☐ DELETE

TITLE VP
NAME HICKS, HARVEY W
STREET ADDRESS 1100 E. MAIN ST.
CITY-ST-ZIP ENDICOTT NY ☒ DELETE

TITLE S
NAME SMEDIRA, NICHOLAS A
STREET ADDRESS 1100 E MAIN ST
CITY-ST-ZIP ENDICOTT NY ☐ DELETE

TITLE D
NAME HEMPSTEAD, GEORGE
STREET ADDRESS 99 WOOD AVE S
CITY-ST-ZIP ISLIN NJ ☒ DELETE

TITLE D
NAME SILVERSTONE, EDWIN
STREET ADDRESS 99 WOOD AVE S
CITY-ST-ZIP ISLEIN NJ ☒ DELETE

TITLE CFO
NAME DUFF, PETER J
STREET ADDRESS 816 STONEHEDGE DR
CITY-ST-ZIP VESTAL NY ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VP DAVID B. JONES

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME D George H. Maclean

4.3 STREET ADDRESS 101 Wood Ave S

4.4 CITY-ST-ZIP ISELIN NJ 08830

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 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

4/27/97

CR2E034 (9/96)