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FILED
Apr 23 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 # 850491 (2)

1. Corporation Name
HOUSEWARES MERCHANDISERS, INC.



Principal Place of Business Mailing Address
20633 S. FORDYCE AVE. 20633 S. FORDYCE AVE.
PO BOX 6239 PO BOX 6239
CARSON CA 90749 CARSON CA 90749-6239

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified 09/28/1981 3a. Date of Last Report 04/02/1996
4. FEI Number 95-3408476 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

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM INC
1201 HAYES STREET
SUITE 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 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 CEOD ☐ DELETE
NAME BLAKE, ALFRED
STREET ADDRESS ONE GILBERT DR.
CITY-ST-ZIP SECAUCUS NJ
TITLE V ☐ DELETE
NAME SANTARELLI, ANTHONY
STREET ADDRESS ONE GILBERT DRIVE
CITY-ST-ZIP SECAUCUS NJ
TITLE PD ☐ DELETE
NAME DINGMAN, RAYMOND B.
STREET ADDRESS 20633 S. FORDYCE AVENUE
CITY-ST-ZIP CARSON CA
TITLE SD ☐ DELETE
NAME MUTO, JOSEPH S.
STREET ADDRESS 624 S. GRAND AVE. #2600
CITY-ST-ZIP LOS ANGELES CA
TITLE D ☐ DELETE
NAME ARATANI, GEORGE T.
STREET ADDRESS 20633 S FORDYCE AVENUE
CITY-ST-ZIP CARSON CA
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE PDCEO ☒ Change ☐ Addition
1.2 NAME DINGMAN, RAYMOND B.
1.3 STREET ADDRESS 20633 S. FORDYCE AVENUE
1.4 CITY-ST-ZIP LONG BEACH, CA 90810
2.1 TITLE CHAIRMAN D ☒ Change ☐ Addition
2.2 NAME BLAKE, ALFRED
2.3 STREET ADDRESS ONE MIKASA DRIVE
2.4 CITY-ST-ZIP SECAUCUS, NJ
3.1 TITLE V ☒ Change ☐ Addition
3.2 NAME SANTARELLI, ANTHONY
3.3 STREET ADDRESS ONE MIKASA DRIVE
3.4 CITY-ST-ZIP SECAUCUS, NJ
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME ARATANI, GEORGE T.
5.3 STREET ADDRESS 20633 S. FORDYCE AVENUE
5.4 CITY-ST-ZIP LONG BEACH, CA 90810
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, changed, or on an attachment with an address.

SIGNATURE

March 31, 1997 (310) 767-1261

CR2E034 (9/96)