FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

95 MAY -1 PM 2:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # **852891** **(1)**

1. Entity Name

MULTIPLIER INDUSTRIES CORP.

Principal Place of Business	Mailing Address
135 RADIO CRCL P.O.BOX 630 MT.KISCO NY 10549	135 RADIO CRCL P.O.BOX 630 MT.KISCO NY 10549

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/18/1982**

3a. Date of Last Report: **06/07/1994**

2. Principal Place of Business — 21: 22: 23: 24: 25:

2a. Mailing Address — 26: 27: 28: 29: 30:

4. FEI Number: **13-2731439** ☐ Applied For ☐ Not Applicable

5. Certificate of Status (Optional) ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Does corporation own, lease, or manage tangible property in Florida? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

JOYNER AND ASSOCIATES
7301 W PALMETTO PARK DRIVE
SUITE 204A
BOCA RATON FL 33433

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 Section [illegible], Florida Statutes, the undersigned corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The name and address of the registered office and the name and address of the registered agent are hereby accepted.

SIGNATURE

12. OFFICER AND DIRECTOR DATA		13. ADDITIONS, CHANGES OR DELETIONS IN 12
TYPE	PTD	☒ Change ☐ Addition
NAME	ULLRICH, WALTER	
MAILING ADDRESS	OLD ASPETONG RD	
CITY-ST-ZIP	KATONAH, NY 00000	10536
TYPE	VST	☒ Change ☐ Addition
NAME	ULLRICH, ELAINE	
MAILING ADDRESS	OLD ASPETONG RD	
CITY-ST-ZIP	KATONAH, NY 00000	10536
TYPE		☐ Change ☐ Addition
NAME		
MAILING ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
MAILING ADDRESS		
CITY-ST-ZIP		
TYPE		☐ Change ☐ Addition
NAME		
MAILING ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this report is true, accurate, and complete. I am familiar with the provisions of Florida Statutes, including the penalty for knowingly making a false statement in a corporate annual report. For profit corporations, I am aware that false information submitted in an annual report is punishable by fine of $500 and by imposition of a $400 penalty for each late report. I am also aware that I am subject to an administrative dissolution for knowingly making a false statement in the report required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 with the office I currently hold.

SIGNATURE: ELAINE M. ULLRICH V.P. Elaine M. Ullrich 4-27-95 914-241-9510

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0478993 FP