

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

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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**100001465731  
-04/27/95--01001--008  
\*\*\*200.00 \*\*\*200.00**

DO NOT WRITE IN THIS SPACE.

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 855864 (5)**

1. Corporation Name  
**CUSTODIS-COTTRELL, INC.**

Principal Place of Business      Mailing Address

**U.W. 22 WEST  
P.O. BOX 1500 (SOMERVILLE,NJ 08876)  
BRANCHBURG NJ 08876**

**U.W. 22 WEST  
P.O. BOX 1500 (SOMERVILLE,NJ 08876)  
BRANCHBURG NJ 08876**

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

3. Date Incorporated or Qualified      3a. Date of Last Report

**03/23/1983**      **05/01/1994**

4. FEI Number      Applied For

**22-2103022**      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 Fee

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. 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      85 Zip Code

**FL**

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: Registering Agent signature required when registering)      DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	T
NAME	MORENA, JOSEPH M.
STREET ADDRESS	U.S. HIGHWAY 22 WEST
CITY - ST - ZIP	BRANCHBURG NJ
TITLE	DP
NAME	DEIESO, DONALD A.
STREET ADDRESS	U.S. HIGHWAY 22 WEST
CITY - ST - ZIP	BRANCHBURG NJ
TITLE	VS
NAME	SATZGER, DOUGLAS
STREET ADDRESS	US HIGHWAY 22 W
CITY - ST - ZIP	BRANCHBURG NJ
TITLE	VP
NAME	GOSS, ROBERT
STREET ADDRESS	U.S. HIGHWAY 22 WEST
CITY - ST - ZIP	BRANCHBURG NJ
TITLE	D
NAME	GOLDMAN, HARVEY
STREET ADDRESS	U.S. HIGHWAY 22 WEST
CITY - ST - ZIP	BRANCHBURG NJ
TITLE	AT
NAME	MOZER, MARGHERITA C.
STREET ADDRESS	U.S. HIGHWAY 22 WEST
CITY - ST - ZIP	BRANCHBURG NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Sowizal, John C.	
1.3 STREET ADDRESS	1 Pierce Place Suite 1500W.	
1.4 CITY - ST - ZIP	Itasca, IL 60143	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Haverluc, Harvey	
2.3 STREET ADDRESS	1 Pierce Place, Suite 1500W.	
2.4 CITY - ST - ZIP	Itasca, IL 60143	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Watkins, Jimmy C.	
3.3 STREET ADDRESS	US Highway 22 West	
3.4 CITY - ST - ZIP	Branchburg NJ 08876	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Quinn, Ann C.	
4.3 STREET ADDRESS	US Highway 22 West	
4.4 CITY - ST - ZIP	Branchburg NJ 08876	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Brunais, Alain	
5.3 STREET ADDRESS	US Highway 22 West	
5.4 CITY - ST - ZIP	Branchburg NJ 08876	
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Jimmy C. Watkins**      *10/2/95*      **908-685-4000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone No.