FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **855877** **(7)**

1. Corporation Name

BRUNSCHWIG & FILS, INC.

Principal Place of Business	Mailing Address
75 VIRGINIA ROAD N WHITE PLAINS NY 10603	75 VIRGINIA ROAD N WHITE PLAINS NY 10603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/23/1983**
3a. Date of Last Report: **05/20/1994**

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

4. FEI Number: **13-1820704** ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 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 _____ (A) (B) (C)

(A) Signature, typed or printed name of registered agent and title, if you are (B) Registered Agent Signature required when reinstating. (C) Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	PEARDON, THOMAS P.,JR.	12 NAME		
STREET ADDRESS	ROCKY HILL ROAD	13 STREET ADDRESS		
CITY ST ZIP	BRIDGEWATER CT	14 CITY ST ZIP		
TITLE	VD	21 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, MURRAY B.	22 NAME		
STREET ADDRESS	35 EAST 67TH ST.	23 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP		
TITLE	T	31 TITLE	T & CFO	☒ Change ☐ Addition
NAME	HAND, FRANCIS J.	32 NAME	WILLIAMSON, RICHARD A.	
STREET ADDRESS	173 PLEASANTVILLE RD..	33 STREET ADDRESS	2 TINYWOOD RD.	
CITY ST ZIP	PLEASANTVILLE NY	34 CITY ST ZIP	DARIEN, CT. 06820	
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	FLAHERTY, JOHN	42 NAME		
STREET ADDRESS	258 PEACEABLE STREET	43 STREET ADDRESS		
CITY ST ZIP	RIDGEFIELD CT	44 CITY ST ZIP		
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	HORSEY, HENRY R.	52 NAME		
STREET ADDRESS	7, THE GREEN	53 STREET ADDRESS	327 SOUTH STATE STREET	
CITY ST ZIP	DOVER DE	54 CITY ST ZIP	DOVER, DE. 19901	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	HUMES, GRAHAM	62 NAME		
STREET ADDRESS	BOLSHAYA PUSHKARSKAYA 44, APT 4	63 STREET ADDRESS	558 HILAIRE RD.	
CITY ST ZIP	SAINT PETERSBURG RU	64 CITY ST ZIP	ST. DAVIDS, PA. 19087	

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)(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: _____ RICHARD A. WILLIAMSON 5/17/95 (914) 684-5800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
TREASURER & CFO

0484382 FN