

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 855877 (7)

1. Corporation Name

BRUNDSCHWIG & FILS, INC.



Principal Place of Business

75 VIRGINIA ROAD
N WHITE PLAINS NY 10603

Mailing Address

75 VIRGINIA ROAD
N WHITE PLAINS NY 10603

3. Date Incorporated or Qualified
03/23/1983

3a. Date of Last Report
05/31/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

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 the applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PEARSON, THOMAS P., JR.	
STREET ADDRESS	ROCKY HILL ROAD	
CITY - ST - ZIP	BRIDGEWATER CT	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOUGLAS, MURRAY B.	
STREET ADDRESS	35 EAST 67TH ST.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	CFOT	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, RICHARD A	
STREET ADDRESS	2 TINYWOOD RD	
CITY - ST - ZIP	DARIEN CT	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLAHERTY, JOHN	
STREET ADDRESS	258 PEACEABLE STREET	
CITY - ST - ZIP	RIDGEFIELD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HORSEY, HENRY R.	
STREET ADDRESS	327 S STATE ST	
CITY - ST - ZIP	DOVER DE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HUMES, GRAHAM	
STREET ADDRESS	558 HILAIRE RD	
CITY - ST - ZIP	ST PETERSBURG,	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input 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 119.07(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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD A. WILLIAMSON 5/1/96 (914) 684-5800

Date

Daytime Phone #

CR2E034 (12/95)