

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F00000004241**

1. Entity Name  
**E. W. HOWELL CO., INC.**



Principal Place of Business  
**113 CROSSWAYS PARK DRIVE  
WOODBURY, NY 11797**

Mailing Address  
**113 CROSSWAYS PARK DRIVE  
WOODBURY, NY 11797**



07052005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**11-2472190**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*N/A*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when relisting)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PTD
NAME	ROWLAND, HOWARD L
STREET ADDRESS	144 NORTH BOYLAND LANE
CITY-ST-ZIP	BLUE POINT, NY 11715
TITLE	DS
NAME	BLACK, DENNIS B
STREET ADDRESS	771 CARRIAGE WAY
CITY-ST-ZIP	DEERFIELD, IL 60015
TITLE	AS
NAME	RYAN, JOHN J
STREET ADDRESS	21 ST. MARK'S PLACE
CITY-ST-ZIP	DEER PARK, NY 11729
TITLE	D
NAME	IRAHARA, RYUICHI
STREET ADDRESS	113 CROSSWAYS PARK DRIVE
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	D
NAME	MATSUMURA, HISATOSHI
STREET ADDRESS	113 CROSSWAYS PARK DRIVE
CITY-ST-ZIP	WOODBURY, NY 11797
TITLE	D
NAME	MIWA, AKIHISA
STREET ADDRESS	113 CROSSWAYS PARK DRIVE
CITY-ST-ZIP	WOODBURY, NY 11797

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07/12/05-80005-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*John J. Ryan*

**JOHN J. RYAN  
ASSUTANT Secretary**

Date

*7/5/05*

Daytime Phone #

*(516) 921-7100*