


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 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
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01052006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 11-2472190	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

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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04/11/06-80120-003 158.75

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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* **1/5/06** **(516) 821-7100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #