
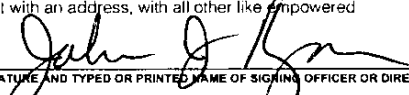


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90183 009 ***158.75

DOCUMENT # F0000004241					
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		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 11-2472190	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small> <small>NOTE: Registered Agent signature required when reinstating.</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWLAND, HOWARD L		NAME	Aoyagi, Seiichi	
STREET ADDRESS	144 NORTH BOYLAND LANE		STREET ADDRESS	113 Crossways Park Drive	
CITY-ST-ZIP	BLUE POINT, NY 11715		CITY-ST-ZIP	Woodbury, NY 11797	
TITLE	DS	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BLACK, DENNIS B		NAME	Shimada, Kengo	
STREET ADDRESS	771 CARRIAGE WAY		STREET ADDRESS	113 Crossways Park Drive	
CITY-ST-ZIP	DEERFIELD, IL 60015		CITY-ST-ZIP	Woodbury, NY 11797	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, JOHN J		NAME		
STREET ADDRESS	21 ST. MARK'S PLACE		STREET ADDRESS		
CITY-ST-ZIP	DEER PARK, NY 11729		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IRAHARA, RYUICHI		NAME		
STREET ADDRESS	113 CROSSWAYS PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WOODBURY, NY 11797		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATSUMURA, HISATOSHI		NAME		
STREET ADDRESS	113 CROSSWAYS PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WOODBURY, NY 11797		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIWA, AKIHISA		NAME		
STREET ADDRESS	113 CROSSWAYS PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WOODBURY, NY 11797		CITY-ST-ZIP		
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: 			Date: 3/30/07		Daytime Phone #: 516/921-7100
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

40060318



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