
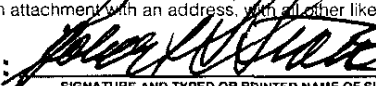


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90129 034 ***150.00

DOCUMENT # F01000001307					
1. Entity Name PAXAR CORPORATION					
Principal Place of Business 105 CORPORATE PARK DRIVE WHITE PLAINS, NY 10604			Mailing Address 105 CORPORATE PARK DRIVE WHITE PLAINS, NY 10604		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 13-5670050	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERSHAFT, ARTHUR		NAME		
STREET ADDRESS	105 CORPORATE PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERSHAFT, VICTOR		NAME		
STREET ADDRESS	105 CORPORATE PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GRISWOLD, PAUL J		NAME		
STREET ADDRESS	105 CORPORATE PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP		
TITLE	VCFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PLAXE, JACK		NAME		
STREET ADDRESS	105 CORPORATE PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JORDAN, JOHN		NAME		
STREET ADDRESS	105 CORPORATE PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STONE, ROBERT S		NAME		
STREET ADDRESS	105 CORPORATE PARK DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WHITE PLAINS, NY 10604		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			ROBERT S. STONE		
			4/13/04 (914) 697-6800		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		