

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90179 019 ***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

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	HERSHAFT, ARTHUR	
STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	P	<input type="checkbox"/> Delete
NAME	HERSHAFT, VICTOR	
STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GRISWOLD, PAUL J	
STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	VCFO	<input type="checkbox"/> Delete
NAME	PLAXE, JACK	
STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	VT	<input type="checkbox"/> Delete
NAME	JORDAN, JOHN	
STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	
TITLE	V	<input type="checkbox"/> Delete
NAME	STONE, ROBERT S	
STREET ADDRESS	105 CORPORATE PARK DRIVE	
CITY-ST-ZIP	WHITE PLAINS NY 10604	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 **Robert S. Stone** 3/25/03 (914) 697-6800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)