


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001414
 1. Entity Name
 CONCORD PRODUCTS COMPANY, INC.



Principal Place of Business Mailing Address
 433 WOODBURY-GLASSBORO ROAD 433 WOODBURY-GLASSBORO ROAD
 SEWELL, NJ 08080 SEWELL, NJ 08080

DO NOT WRITE IN THIS SPACE



07072004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 23-1934604 Not Applicable

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

6. Name and Address of Current Registered Agent
 WEGMAN ASSOCIATES, INC.
 10329 NOTH COMMERCE PARKWAY
 MIRAMAR, FL 33025

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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's signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

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 NAME STREET ADDRESS CITY - ST - ZIP	P ANTHONSEN, LARRY L 433 WOODBURY-GLASSBORO ROAD SEWELL, NJ 08080
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GRAFF, HAROLD A 1800 W. INDIANA AVE. PHILADELPHIA, PA 19132
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 07/12/04-80028-013 150.00

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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: _____ 7-7-04 856-589-9000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #