

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 17, 2004 8:00 am
Secretary of State

05-17-2004 90016 011 ***550.00

DOCUMENT # F02000004341

1. Entity Name
MACE SECURITY PRODUCTS, INC.



Principal Place of Business
**3772-3774 SW 30TH AVE
HOLLYWOOD, FL 33312**

Mailing Address
**1000 CRAWFORD PLACE SUITE 400
MT. LAUREL, NJ 08054**

24076190



05042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
74-3057547

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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**

**DO NOT WRITE
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 \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CP
PAOLINO, LOUIS D JR.
1000 CRAWFORD PLACE SUITE 400
MT. LAUREL, NJ 08054**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DVS
KRAMER, ROBERT M
1000 CRAWFORD PLACE SUITE 400
MT. LAUREL, NJ 08054**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
PAOLINO, MATTHEW
1000 CRAWFORD PLACE SUITE 400
MT. LAUREL, NJ 08054**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
KRZEMIEN, GREGORY M
1000 CRAWFORD PLACE SUITE 400
MT. LAUREL, NJ 08054**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory M. Krzemien

Date

Daytime Phone #

5/5/04