

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000001829

1. Entity Name
CONSTRUCTION SPECIALTIES, INC.



Principal Place of Business

**3 WERNER WAY
LEBANON, NJ 08833**

Mailing Address

**3 WERNER WAY
LEBANON, NJ 08833**

DO NOT WRITE IN THIS SPACE



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
16-1644002

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMSON, DAVID
665 S.E. 10TH STREET, SUITE 104
DEERFIELD BEACH, FL 33441**

**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 \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000027670
02/03/04-80055-019 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DADD, RONALD F
STREET ADDRESS	3 WERNER WAY
CITY - ST - ZIP	LEBANON, NJ 08833
TITLE	VSTD
NAME	ALTIERI, EDWARD J
STREET ADDRESS	3 WERNER WAY
CITY - ST - ZIP	LEBANON, NJ 08833
TITLE	VD
NAME	STEWART, R. GORDON
STREET ADDRESS	3 WERNER WAY
CITY - ST - ZIP	LEBANON, NJ 08833
TITLE	VD
NAME	WILLIAMS, HOWARD J
STREET ADDRESS	3 WERNER WAY
CITY - ST - ZIP	LEBANON, NJ 08833
TITLE	V
NAME	LAPOINTE, ARTHUR J
STREET ADDRESS	3 WERNER WAY
CITY - ST - ZIP	LEBANON, NJ 08833
TITLE	ASAT
NAME	CASEY, GREGORY P
STREET ADDRESS	3 WERNER WAY
CITY - ST - ZIP	LEBANON, NJ 08833

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/04 (908) 236-0800