


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90172 021 \*\*\*150.00

<b>DOCUMENT # F61494</b> 1. Entity Name <b>DADE CONTRACT HARDWARE, INC.</b>					
Principal Place of Business <b>30 ROCKEFELLER PLAZA STE 4225 NEW YORK, NY 10112 US</b>			Mailing Address <b>30 ROCKEFELLER PLAZA STE 4225 NEW YORK, NY 10112 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENNERT, IRA LEON		NAME		
STREET ADDRESS	30 ROCKEFELLER PLAZA 42ND FLOOR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FAY, ROGER L		NAME		
STREET ADDRESS	30 ROCKEFELLER PLAZA 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10112		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIEGEL, JOHN A JR		NAME		
STREET ADDRESS	30 ROCKEFELLER PLAZA 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10112		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RYAN, MICHAEL C		NAME		
STREET ADDRESS	100 MAIDEN LANE		STREET ADDRESS	1 World Financial Center	
CITY-ST-ZIP	NEW YORK, NY 10038		CITY-ST-ZIP	New York, NY 10281	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SADLOWSKI, DENNIS A		NAME		
STREET ADDRESS	30 ROCKEFELLER PLAZA 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10112		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BINKO, JOHN A		NAME		
STREET ADDRESS	30 ROCKEFELLER PLAZA 42ND FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10112		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 an other like empowered.					
SIGNATURE: _____			John A. Siegel, Jr. (212)541-6000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		