FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 PM 7:06

DOCUMENT # **F93000002479 (4)**

1. Corporation Name
PLUESS-STAUFER INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
61 MAIN STREET PROCTOR VT 05765	61 MAIN STREET PROCTOR VT 05765

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/26/1993
3a. Date of Last Report: 02/22/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 13-2924842 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FORBES, JAMES S	12 NAME	
STREET ADDRESS	61 MAIN STREET	13 STREET ADDRESS	
CITY-ST-ZIP	PROCTOR VT 05765	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	EISENBERG, LEONARD	22 NAME	
STREET ADDRESS	230 PARK AVENUE	23 STREET ADDRESS	437 Madison Avenue
CITY-ST-ZIP	NEW YORK NY 10169	24 CITY-ST-ZIP	10022
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	STEINBERG, LUTZ	32 NAME	
STREET ADDRESS	655 WASHINGTON BOULEVARD	33 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06901	34 CITY-ST-ZIP	
TITLE	VP	41 TITLE	☐ Change ☐ Addition
NAME	MITCHELL, JOHN M	42 NAME	
STREET ADDRESS	61 MAIN STREET	43 STREET ADDRESS	
CITY-ST-ZIP	PROCTOR VT 05765	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	TURNER, THOMAS G	52 NAME	
STREET ADDRESS	61 MAIN STREET	53 STREET ADDRESS	
CITY-ST-ZIP	PROCTOR VT 05765	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	KLEIN, JOSEPH M	62 NAME	
STREET ADDRESS	15327 SUNSET BOULEVARD	63 STREET ADDRESS	
CITY-ST-ZIP	PACIFIC PALISADES CA 90272	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, added or deleted with an address.

SIGNATURE: T G Turner March 29, 1995 802-459-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Thomas G. Turner, Treasurer

048003 FN