

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000002947 (0)

1. Corporation Name  
**TEX-SHIELD, INC.**



Principal Place of Business

Mailing Address

8000 MIDLANTIC DR. 2065  
110 SOUTH  
MT. LAUREL NJ 08054  
US

8000 MIDLANTIC DR. 2065  
110 SOUTH  
MT. LAUREL NJ 08054  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/25/1993

3a. Date of Last Report

03/14/1995

4. FEI Number

22-3064389

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

10. Name and Address of New Registered Agent

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

Signature of Special Agent in Charge, Florida Department of State

Signature of Authorized Representative of Corporation

(DATE)

12. OFFICERS AND DIRECTORS

TITLE [ ] DELETE

NAME: DCP BLUECHER, HASSON VON  
STREET ADDRESS: PARKSTRASSE 10, 40699 ERKRATH GERMANY  
CITY-STATE-ZIP: GERMANY

TITLE [ ] DELETE

NAME: VP ALEXANDROFF, EUGENE  
STREET ADDRESS: 757 WESTFIELD ROAD MOORESTOWN NJ 08057  
CITY-STATE-ZIP: MOORESTOWN NJ 08057

TITLE [ ] DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE [ ] DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE [ ] DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

TITLE [ ] DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE [ ] Change [ ] Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE [ ] Change [ ] Addition

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE [ ] Change [ ] Addition

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE [ ] Change [ ] Addition

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE [ ] Change [ ] Addition

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE [ ] Change [ ] Addition

62 NAME

63 STREET ADDRESS

64 CITY-STATE-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)(c), 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, or on an attachment with an address.

SIGNATURE: Eugene Alexandroff  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 96 609-727-5323

CR2E034 (12/95)