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 FEB 21 AM 9:16

DOCUMENT # **F93000004211 (9)**

1. Corporation Name
SBD ACQUISTION CORP.

Principal Place of Business	Mailing Address
C/O BURDICK, INC. 15 PLUMB STREET MILTON WI 53563	C/O BURDICK, INC. 15 PLUMB STREET MILTON WI 53563

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
09/16/1993	04/15/1994

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 / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-3713564 ☐ 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
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301	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	PCOB	11 TITLE		☐ Change ☐ Addition
NAME	MALLEMENT, HARVEY P	12 NAME		
STREET ADDRESS	3 EAST 69TH STREET	13 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	14 CITY-ST-ZIP		
TITLE	ST	21 TITLE	ST	☒ Change ☐ Addition
NAME	KLEINMAN, IRA	22 NAME	McKABA, ROBERT	
STREET ADDRESS	3 SARA COURT	23 STREET ADDRESS	10 MONHEGAN AVENUE	
CITY-ST-ZIP	MARLBORO NJ 07746	24 CITY-ST-ZIP	WAYNE, NJ 07470	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	LOW, FRANK H	32 NAME		
STREET ADDRESS	33 JOAN DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	CHAPPAQUA NY 10514	34 CITY-ST-ZIP		
TITLE	PD	41 TITLE		☐ Change ☐ Addition
NAME	MESSINA, GEORGE P	42 NAME		
STREET ADDRESS	1664 W WEE CROFT CT	43 STREET ADDRESS		
CITY-ST-ZIP	JANESVILLE WI	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	V/D	☐ Change ☒ Addition
NAME	LAUBE, GARY	52 NAME		
STREET ADDRESS	771 SCHOONER	53 STREET ADDRESS		
CITY-ST-ZIP	ELK GROVE VILLAGE IL	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	MCKABA, ROBERT	62 NAME		
STREET ADDRESS	10 MONHEGAN AVE	63 STREET ADDRESS		
CITY-ST-ZIP	WAYNE NJ	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, or on an attachment with an address.

SIGNATURE: R McKaba Robert McKaba 2-17-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0480284 FN