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

**PROFIT** CORPORATION



FLORIDA DEPARTMENT OF STATE

	NNUAL REPORT Secretary of State  1996  DIVISION OF CORPOR.			٠.	NS		
DOCUM 1. Corporation I	MENT # F9300	0004423 (0)	)				
HERCU	LES CHEMICAL COMPANY	(, INC. (NEW YORK)				A HARMARA DINA MAKRA BIRIN ARDIN ARDIN	EBRIK CONTROL BING BING BILLE MODE WIN 1881
Principal Place of	of Business	Mailing Address				1 122(134 1114 1314 1311 2311) 3311	
111 SOUTH S PASSAIC NJ		111 SOUTH STREET PASSAIC NJ 07055					
US		US				3. Date Incorporated or Qualified	3a. Date of Last Report
						<b>09/30/1993</b> <b>4.</b> FEI Number	02/14/1995 Applied For
2. Principal Pla	ce of Business	2a. Mailing Address				13-5139170	Not Applicable
Suite, Apt. #	etc	Suite, Apt. #, etc.					\$8.75 Additional
22	, 010.	27				5. Certificate of Status Desired	Fee Required
City & State		City & State				6. Election Campaign Financing	\$5.00 May Be
23		28				Trust Fund Contribution	Added to Lees
Zip			30 Cou	Country		This corporation has liability for i     Florida Statutes  Yes	ntang-bie tax u/loer s 199.052,
24	25 9. Name and Address of Currer	29 N Registered Agent	30]	Γ		10. Name and Address of New R	
	g, Name and Address of Carro.	. Hogistore rige		81	Name		
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105				82	Street Address (P.O. Box Number is Not Acceptable)		
				Street Address (P.O. Box Number is Not Acceptable)			
				83			
TALLAHASSEE FL 32301				84	City		85 Zip Code
<b>3</b>					ĺ		FL
11. Pursuant to	o the provisions of Sections 607.0502	2 and 607.1508, Florida Statute	es, the abo	ove-r	named corpo loration's boa	oration submits this statement for the purard of directors. I hereby accept the app	pose of changing its registered office ointment as registered agent. I am
familiar wit	h, and accept the obligations of, Sect	tion 607.0505, Florida Statutes		·			
SIGNATURE _	Signature, typed or printed name of registered agis:	t and the discolarities (NO)	It Bookson	1 Aur	nt signature regula	nd when remotating)	DATE
12.		D DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	CP	Cr —		1 1 TITLE 1 2 NAME			Change Addition
NAME	FIDLER, JAY W						
STREET ADDRESS	23 CHURCHILL ROAD		1.3 S	TREET	TADORESS		
Crty-St-ZiP	THE DISCOULTE TOOLS			ITY - 5	ST-ZIP		Characa D Addition
TITLE	D31 ====================================		2 1 1				Change Addition
NAME	FIDLER, RHODA W		22 N				
STREET ADDRESS	23 CHURCHILL ROAD				T ADDRESS		
CITY-ST-ZIP	RYE BROOK NY 10573	ETT DELETE		OTY - S TATUE	S1-7:P		☐ Change ☐ Addition
TITLE	D EINED INGH E	Porre		IAME			
NAME CERCLE ADDRESS	FIDLER, JOSH E 8009 MELODY LANE				T ADDRESS		
STREET ADORESS	BALTIMORE MD				S1 - 7IP		
CITY-ST-ZIP TITLE	V			TITLE			Change Addition
NAME	SIEGAL, DAVID M		421	NAME			
STREET ADDRESS	6 DEBRA PALCE		435	STREE	1 ADDRESS		
CHTY-ST-ZIP	SYOSSET NY 11791 44			ST-ZIP		Chart C Addition	
TITLE	V □ DELETE 5			TITLE	ļ		Change Addition
NAME	RUVOLO, LEONARD A			NAME			
STREET ADDRESS	21 SUFFOLK PLACE				1 ADDRESS		
CITY-ST-ZIP	NORTHPORT NY 11731	DELETE		CITY - TITLE	ST ZIP	7000017	Addition
TITLE	V AMPHORIAN MODILAN	, and the state of	•	HILLE NAME		-03/26/9601	
NAME STREET ADDRESSES	AVRUTIN, NORMAN		ı		T ADDRESS	***200.00	warman distriction
STREET ADDRESS	67 DONALDSON STREET		1	JCt		<ul> <li>In the property of the property</li></ul>	

HIGHLAND PARK NJ 08904

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)(k), 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 maker 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, and a problem of the corporation of the manual 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 manual 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 manual 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 manual 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 manual report is true and accurate and that my signature shall have the same legal effect as if under the manual report is true and accurate and that my signature shall have the same legal effect as if under the manual report is true and accurate and that my signature shall have the same legal effect as if under the manual report is true and accurate and that my signature shall have the same legal effect as if under the manual report is true and accurate and that my signature shall have the same legal effect as if under the manual report is true and accurate and that my signature shall have the same legal effect as if under the manual report is true and accurate and that my signature

SIGNATURE(

IGNA NURE AND 1 PER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/55 (201) 778-(000)