

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F94000001509 (8)

1. Corporation Name:
WILLIAM ZINSSER & CO. INCORPORATED



Principal Place of Business: **173 BELMONT DR SOMERSET NJ 08875**
 Mailing Address: **173 BELMONT DR SOMERSET NJ 08873-1218**

3. Date Incorporated or Qualified: **03/25/1994**
 3a. Date of Last Report: **02/05/1996**

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	4. FEI Number 13-1497940	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required										6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No											

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC 1201 HAYS STREET TALLAHASSEE FL 32301					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 _____ DATE _____
Signer must be a resident of the state of Florida and 18+ years of age. (NOTE: Registered Agent signature required when not stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	C SULLIVAN, THOMAS	1.2 NAME	
STREET ADDRESS	30946 LAKE RD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	BAY VILLAGE OH 44140	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D KARMEN, JAMES	2.2 NAME	
STREET ADDRESS	17400 SO. PARK BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	SHAKER HTS. OH 44120	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD SENIOR, ROBERT	3.2 NAME	
STREET ADDRESS	12 INWOOD RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHATHAM NJ	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S GRANZIER, PAUL	4.2 NAME	
STREET ADDRESS	17508 DARTMOUTH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T KREINDEL, WILLIAM S	5.2 NAME	
STREET ADDRESS	428 BIGLEY RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	NESHANIC STA. NJ	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP HANSEN, CARLTON A	6.2 NAME	
STREET ADDRESS	28 COPPER PENNY RD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	FLEMINGTON NJ 08822	6.4 CITY - ST - ZIP	

14. I do 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 included 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: *William A. Hansen* **1/16/97** **708 469-8100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day, mo, Yr. Phone #

CR2E034 (9/96)