


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

FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90023 006 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001509

1. Corporation Name
WILLIAM ZINSSER & CO. INCORPORATED

Principal Place of Business 173 BELMONT DR SOMERSET NJ 08875	Mailing Address 173 BELMONT DR SOMERSET NJ 08875
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 03/25/1994	
4. FEI Number 13-1497940	Applied For <input type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. <input checked="" 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	SULLIVAN, THOMAS	
STREET ADDRESS	30946 LAKE RD.	
CITY-ST-ZIP	BAY VILLAGE OH 44140	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KARMEN, JAMES	
STREET ADDRESS	17400 SO. PARK BLVD.	
CITY-ST-ZIP	SHAKER HTS. OH 44120	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SENIOR, ROBERT	
STREET ADDRESS	12 INWOOD RD	
CITY-ST-ZIP	CHATHAM NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	GRANZIER, PAUL	
STREET ADDRESS	17508 DARTMOUTH AVE	
CITY-ST-ZIP	CLEVELAND OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	KREINDEL, WILLIAM S	
STREET ADDRESS	428 BIGLEY RD	
CITY-ST-ZIP	NESHANIC STA. NJ	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HANSEN, CARLTON A	
STREET ADDRESS	28 COPPER PENNY RD.	
CITY-ST-ZIP	FLEMINGTON NJ 08822	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Secretary P. Kelly Tompkins
4.3 STREET ADDRESS	2628 Pearl Rd
4.4 CITY-ST-ZIP	Medina OH 44256
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Vice-President Gordon Hyde
6.3 STREET ADDRESS	173 Belmont Dr
6.4 CITY-ST-ZIP	Somerset NJ 08875

14. I 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 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, with all other like empowered.

SIGNATURE: William S. Hansen 1/15/99 732 469-8100
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)