

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90052 022 ***150.00

DOCUMENT # F94000001509

1. Entity Name

WILLIAM ZINSSER & CO. INCORPORATED

Principal Place of Business

Mailing Address

173 BELMONT DR
 SOMERSET NJ 08875

173 BELMONT DR
 SOMERSET NJ 08873-1218

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-1497940

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed, name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 type="checkbox"/> Delete
NAME	TOMPkins, P K	
STREET ADDRESS	2628 PEARL RD	
CITY-ST-ZIP	MEDINA OH 44256	
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	HYDE, GORDON	
STREET ADDRESS	173 BELMONT DR	
CITY-ST-ZIP	SOMERSET NJ 08875	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Srivastava, Chandra	
CITY-ST-ZIP	146 Timber Hill Dr.	
	East Hanover NJ 07936	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/00

Date

732 464-8100

Daytime Phone #

CR2E034 (9/99)