

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Feb 27, 2001 8:00 am
Secretary of State

01-31-2001 90301 003 ***150.00

DOCUMENT # F94000001509
 1. Entity 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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

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. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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 *William Zinsser* - Treasurer DATE 1/18/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY-1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. 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 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 type="checkbox"/> Delete
NAME	SRIVASTAVA, CHANDRA	
STREET ADDRESS	146 TIMBER HILL DR.	
CITY - ST - ZIP	EAST HANOVER NJ 07936	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *William Zinsser* DATE 2/15/01 DAYTIME PHONE # 732-469-8100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E034 (10/00)