

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90015 027 ***150.00

DOCUMENT # F94000001509

1. Entity Name
ZINSSER CO., INC.



Principal Place of Business
**173 BELMONT DR
SOMERSET, NJ 08875**

Mailing Address
**173 BELMONT DR
SOMERSET, NJ 08875**

94018574



02132004 Chg-P CR2E034 (10/03)

4. FEI Number
13-1497940

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** ☒ Delete
NAME **SULLIVAN, THOMAS**
STREET ADDRESS **30946 LAKE RD.**
CITY-ST-ZIP **BAY VILLAGE, OH 44140**

TITLE **C** ☐ Change ☒ Addition
NAME **Frank C Sullivan**
STREET ADDRESS **2628 Pearl Rd**
CITY-ST-ZIP **Medina OH 44256**

TITLE **D** ☒ Delete
NAME **KARMEN, JAMES**
STREET ADDRESS **17400 SO. PARK BLVD.**
CITY-ST-ZIP **SHAKER HTS., OH 44120**

TITLE **D** ☐ Change ☒ Addition
NAME **Ronald A Rice**
STREET ADDRESS **2628 Pearl Rd**
CITY-ST-ZIP **Medina OH 44256**

TITLE **PD** ☐ Delete
NAME **SENIOR, ROBERT**
STREET ADDRESS **12 INWOOD RD**
CITY-ST-ZIP **CHATHAM, NJ**

TITLE **PD** ☐ Change ☐ Addition
NAME **SENIOR, ROBERT**
STREET ADDRESS **12 INWOOD RD**
CITY-ST-ZIP **CHATHAM, NJ**

TITLE **S** ☐ Delete
NAME **TOMPKINS, P K**
STREET ADDRESS **2628 PEARL RD**
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE **S** ☐ Change ☐ Addition
NAME **TOMPKINS, P K**
STREET ADDRESS **2628 PEARL RD**
CITY-ST-ZIP **MEDINA, OH 44256**

TITLE **T** ☐ Delete
NAME **KREINDEL, WILLIAM S**
STREET ADDRESS **428 BIGLEY RD**
CITY-ST-ZIP **NESHANIC STA., NJ**

TITLE **T** ☐ Change ☐ Addition
NAME **KREINDEL, WILLIAM S**
STREET ADDRESS **428 BIGLEY RD**
CITY-ST-ZIP **NESHANIC STA., NJ**

TITLE **VP** ☐ Delete
NAME **SRIVASTAVA, CHANDRA**
STREET ADDRESS **146 TIMBER HILL DR.**
CITY-ST-ZIP **EAST HANOVER, NJ 07936**

TITLE **VP** ☐ Change ☐ Addition
NAME **SRIVASTAVA, CHANDRA**
STREET ADDRESS **146 TIMBER HILL DR.**
CITY-ST-ZIP **EAST HANOVER, NJ 07936**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

William S Kreindel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/04

Date

732-469-8100

Daytime Phone #