



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90988 025 ***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		14010476	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04232005 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 13-1497940	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SULLIVAN, FRANK C		NAME		
STREET ADDRESS	2628 PEARL RD.		STREET ADDRESS		
CITY - ST - ZIP	MEDINA, OH 44256		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	RICE, RONALD A		NAME		
STREET ADDRESS	2628 PEARL D.		STREET ADDRESS		
CITY - ST - ZIP	MEDINA, OH 44256		CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SENIOR, ROBERT		NAME	President	
STREET ADDRESS	12 INWOOD RD		STREET ADDRESS	173 Belmont Dr	
CITY - ST - ZIP	CHATHAM, NJ		CITY - ST - ZIP	Somerset NJ 08875	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TOMPKINS, P K		NAME		
STREET ADDRESS	2628 PEARL RD		STREET ADDRESS		
CITY - ST - ZIP	MEDINA, OH 44256		CITY - ST - ZIP		
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	KREINDEL, WILLIAM S		NAME	Controller	
STREET ADDRESS	428 BIGLEY RD		STREET ADDRESS	173 Belmont Dr	
CITY - ST - ZIP	NESHANIC STA., NJ		CITY - ST - ZIP	Somerset NJ 08875	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SRIVASTAVA, CHANDRA		NAME		
STREET ADDRESS	146 TIMBER HILL DR.		STREET ADDRESS		
CITY - ST - ZIP	EAST HANOVER, NJ 07936		CITY - ST - ZIP		
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: <i>Gerard O'Donovan</i>			GERARD O'DONOVAN 4-25-05 732-469-8106		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		