


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90077 004 \*\*\*150.00

<b>DOCUMENT # F94000001509</b>					
1. Entity Name <b>ZINSSER CO., INC.</b>					
Principal Place of Business <b>173 BELMONT DR SOMERSET, NJ 08875</b>			Mailing Address <b>173 BELMONT DR SOMERSET, NJ 08875</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-1497940</b>	
Zip		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>THE PRENTICE-HALL CORPORATION SYSTEM, INC 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> 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>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C SULLIVAN, FRANK C 2628 PEARL RD. MEDINA, OH 44256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICE, RONALD A 2628 PEARL D. MEDINA, OH 44256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TELLOR, MIKE 173 BELMONT DR SOMERSET, NJ 08875	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TOMPkins, P K 2628 PEARL RD MEDINA, OH 44256	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'DONOVAN, GERARD 173 BELMONT DR SOMERSET, NJ 08875	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SRIVASTAVA, CHANDRA 146 TIMBER HILL DR. EAST HANOVER, NJ 07936	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Gerard O'Donovan</u> Gerard O'Donovan 1/29/07 732-469-8100 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

