FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F94000002439 (7)**

1. Corporation Name
JUDEL PRODUCTS CORP.

Principal Place of Business	Mailing Address
ELMSFORD EXECUTIVE PARK, BLDG. 4D 2269 SAW MILL RIVER ROAD ELMSFORD NY 10523	ELMSFORD EXECUTIVE PARK, BLDG. 4D 2269 SAW MILL RIVER ROAD ELMSFORD NY 10523-3832

3. Date Incorporated or Qualified: 05/11/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 JUDEL PRODUCTS	26 JUDEL PRODUCTS
Suite, Apt. #, etc. 22 45 KNOLLWOOD ROAD	Suite, Apt. #, etc. 27 45 KNOLLWOOD ROAD
City & State 23 ELMSFORD, NEW YORK	City & State 28 ELMSFORD, NEW YORK
Zip / Country 24 10523 / 25	Zip / Country 29 10523 / 30

4. FEI Number: 22-3102254 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CHANEY, WILLIAM R		1.2 NAME		
STREET ADDRESS	51 SHORE ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	CLINTON CT 06413		1.4 CITY-ST-ZIP		
TITLE	DV	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KOWALSKI, MICHAEL J		2.2 NAME		
STREET ADDRESS	320 BROOKVALE ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	KINNELON NJ 07405		2.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DORSEY, PATRICK B		3.2 NAME		
STREET ADDRESS	170 COLLINGWOOD AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD CT 06432		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DANIEL, JEANNE B		4.2 NAME		
STREET ADDRESS	72 BENNINGTON PLACE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CANAAN CT 06840		4.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FERNANDEZ, JAMES N.		5.2 NAME		
STREET ADDRESS	11 ROGERS COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIDLAND PARK NJ		5.4 CITY-ST-ZIP		
TITLE	TV	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SEGALL, LARRY M		6.2 NAME		
STREET ADDRESS	12 ESCHER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MARLBORO NJ 07746		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Larry M Segall CERTIFIED — 4/25/97 — (201) 254-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #