

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90182 011 ***158.75

DOCUMENT #

F94000002439

1. Corporation Name

Judel Products Corp.

Principal Place of Business

Judel Products
45 Knollwood Rd.
Elmsford, NY 10523

Mailing Address

Tiffany and Company
Tax Department
15 Sylvan Way
Parsippany, NJ 07054

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
5/11/1994

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Please note change above
27 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

4. FEI Number

22-3192254

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 owes the current year Intangible
Personal Property Tax.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE COBD ☐ DELETE
NAME CHANEY, WILLIAM R
STREET ADDRESS 51 SHORE RD
CITY-ST-ZIP CLINTON CT 06413

TITLE D ☐ DELETE
NAME KOWALSKI, MICHAEL J
STREET ADDRESS 320 BROOKDALE ROAD
CITY-ST-ZIP KINNELON NJ 07405

TITLE D ☐ DELETE
NAME DORSEY, PATRICK B
STREET ADDRESS 170 COLLINGWOOD AVENUE
CITY-ST-ZIP FAIRFIELD CT 06432

TITLE D ☐ DELETE
NAME FERNANDEZ, JAMES N
STREET ADDRESS 11 ROGERS COURT
CITY-ST-ZIP MIDLAND PARK NJ 07432

TITLE TV ☐ DELETE
NAME Connolly, Michael W.
STREET ADDRESS 35 Forge Hill Road
CITY-ST-ZIP Glen Gardner, NJ 08826

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 amendment with an address, with all other like empowered.

SIGNATURE

Michael W. Connolly

4/21/99

(973) 254-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #