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CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 26 PM 4:24

DOCUMENT # F94000002915 (6)

1. Corporation Name
EMERSON RADIO CORP.

Principal Place of Business	Mailing Address
9 ENTIN RD. PARSIPPANY NJ 07054	9 ENTIN RD. PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 9 ENTIN Road	26 9 ENTIN Road
Street, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City, State 23 Parsippany, NJ	City, State 28 Parsippany, NJ
Zip 24 07054 Country 25 USA	Zip 29 07054 Country 30 USA

3. Date Incorporated or Qualified: 06/03/1994
3a. Date of Last Report:
4. FEI Number: 22-3285224 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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 date if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	JURICK, GEOFFREY P
STREET ADDRESS	9 ENTIN RD.
CITY-ST-ZIP	PARSIPPANY NJ 07054
TITLE	VD
NAME	DAVIS, EUGENE I
STREET ADDRESS	9 ENTIN RD.
CITY-ST-ZIP	PARSIPPANY NJ 07054
TITLE	S
NAME	MCGRATH, ALBERT G JR
STREET ADDRESS	9 ENTIN RD.
CITY-ST-ZIP	PARSIPPANY NJ 07054
TITLE	C
NAME	RISTY, EDDIE
STREET ADDRESS	9 ENTIN RD.
CITY-ST-ZIP	PARSIPPANY NJ 07054
TITLE	D
NAME	FARNUM, JEROME H
STREET ADDRESS	9 ENTIN RD.
CITY-ST-ZIP	PARSIPPANY NJ 07054
TITLE	D
NAME	BROWN, ROBERT H JR
STREET ADDRESS	9 ENTIN RD.
CITY-ST-ZIP	PARSIPPANY NJ 07054

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Chairman = C	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	President = P	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] Sr. V.P. Albert G. McGrath, Jr. 1/12/95 (201) 428-2027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0194420 FP