

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000005970 (8)

1. Corporation Name

PRESTONE PRODUCTS CORPORATION



Principal Place of Business

83 WOOSTER HEIGHTS RD.
DANBURY CT 06810-1925

Mailing Address

83 WOOSTER HEIGHTS RD.
DANBURY CT 06810-1925

3. Date Incorporated or Qualified
11/18/1994

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 39 OLD RIDGEBURY ROAD

25 39 OLD RIDGEBURY ROAD

4. FEI Number

06-1402681

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 DANBURY CT

28 DANBURY, CT

Zip

Country

Zip

Country

24 06810-5109

25 FAIRFIELD

29 06810-5109

30 FAIRFIELD

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of person or persons who registered agent and the corporation

(Signature of Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-STATE-ZIP | <input type="checkbox"/> DELETE |
|-------|---------------------|---------------------------|-----------------------|---------------------------------|
| P | LUNDSTEDT, DAVID | 83 WOOSTER HEIGHTS RD. | DANBURY CT 06810-1925 | <input type="checkbox"/> |
| V | DECECCHIS, LEONARD | 83 WOOSTER HEIGHTS RD. | DANBURY CT 06810-1925 | <input type="checkbox"/> |
| S | LANE, JEANNINE | 83 WOOSTER HEIGHTS RD. | DANBURY CT 06810-1925 | <input type="checkbox"/> |
| AT | SACCURATO, FRANCIS | 83 WOOSTER HEIGHTS RD. | DANBURY CT 06810-1925 | <input type="checkbox"/> |
| D | ROSNER, ROBERT L | 245 PARK AVE., 40TH FLOOR | NEW YORK NY | <input type="checkbox"/> |
| D | O'CONNELL, DANIEL S | 245 PARK AVE., 40TH FLOOR | NEW YORK NY | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1. TITLE | 2. NAME | 3. STREET ADDRESS | 4. CITY-STATE-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|--------------------|--------------------|-----------------------|------------------------|--|
| P | LUNDSTEDT, DAVID | 39 OLD RIDGEBURY ROAD | DANBURY CT 06810-5109 | <input checked="" type="checkbox"/> |
| V | DECECCHIS, LEONARD | 39 OLD RIDGEBURY ROAD | DANBURY, CT 06810-5109 | <input checked="" type="checkbox"/> |
| S | LANE, JEANNINE | 39 OLD RIDGEBURY ROAD | DANBURY, CT 06810-5109 | <input checked="" type="checkbox"/> |
| AT | SACCURATO, FRANCIS | 39 OLD RIDGEBURY ROAD | DANBURY, CT 06810-5109 | <input checked="" type="checkbox"/> |
| 5. TITLE | 6. NAME | 7. STREET ADDRESS | 8. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | 6.2 NAME | 7.2 STREET ADDRESS | 8.2 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.3 STREET ADDRESS | 6.3 STREET ADDRESS | 7.3 STREET ADDRESS | 8.3 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.4 CITY-STATE-ZIP | 6.4 CITY-STATE-ZIP | 7.4 CITY-STATE-ZIP | 8.4 CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARD A. DECECCHIS

MAY 30, 1996 (203) 830-7812

Date

Digitized Phone #

CR2E034 (12/95)