


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

FILED

Apr 30 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 # F94000006141 (5)			
1. Corporation Name BERTHOLON-ROWLAND CORP.			
Principal Place of Business 16 JAY STREET NEW YORK NY 10013		Mailing Address 16 JAY STREET NEW YORK NY 10013-2819	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
3. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CEOP CARROLL, JAMES A 28 ROLLING HILL DRIVE MORRISTOWN NJ 07960 DELETE		1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP Chairman Change Addition	
2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP VSGC POPP-MURPHY, MARGARET 360 FIRST STREET HOBOKEN NJ 07030 DELETE		2.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP CFOT KAPLAN, ARNOL 9 ELEANOR DRIVE KENDALL PARK NJ 08824 DELETE		3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP C ROWLAND, RANDOLPH 103 HARBOR ROAD SHELBURNE VT 05482 DELETE		4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D LYNCH, JOHN G. 27 CRAIGHURST AVENUE TORONTO ON DELETE		5.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP John G. Lynch 10233 NAVARE COURT Richmond, VA 23233 Change Addition	
6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP D CONWAY, JAMES 44 GREYSTONE DRIVE VOORHEESVILLE NY 12186 DELETE		6.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition	
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: JAMES A CARROLL REQUIRED 1/8/97 212-960-9400			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E034 (9/96)