

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000006141 (5)**

1. Corporation Name

**BERTHOLON-ROWLAND CORP.**



Principal Place of Business

Mailing Address

**16 JAY STREET  
NEW YORK NY 10013**

**16 JAY STREET  
NEW YORK NY 10013**

DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>12/01/1994</b>	
<b>21</b>	Suite, Apt. #, etc.	<b>26</b>	Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>13-5603648</b>	Applied For <input type="checkbox"/> Not Applicable
<b>22</b>	City & State	<b>27</b>	City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>23</b>	Zip	<b>28</b>	Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>24</b>	Country	<b>29</b>	Country	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>9. Name and Address of Current Registered Agent</b>				<b>10. Name and Address of New Registered Agent</b>	
<b>INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300</b>				<b>81</b>	Name
				<b>82</b>	Street Address (P.O. Box Number is Not Acceptable)
				<b>83</b>	
				<b>84</b>	City
				<b>85</b>	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: type or print name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, JAMES A	1.2 NAME	
STREET ADDRESS	28 ROLLING HILL DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960	1.4 CITY-ST-ZIP	
TITLE	VSGC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POPP-MURPHY, MARGARET	2.2 NAME	
STREET ADDRESS	360 FIRST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ 07030	2.4 CITY-ST-ZIP	
TITLE	CFOT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, ARNOL	3.2 NAME	
STREET ADDRESS	9 ELEANOR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	KENDALL PARK NJ 08824	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNCH, JOHN G.	4.2 NAME	
STREET ADDRESS	10233 NAVARE COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	RICHMOND VA	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, JAMES	5.2 NAME	
STREET ADDRESS	44 GREYSTONE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VOORHEESVILLE NY 12186	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 attachment with an address.**

SIGNATURE:

*Arnol B. Kaplan*

ARNOL B. KAPLAN

4/28/98

212-966-8400

CP2E034 (10/97)