


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000006141		
1. Entity Name BERTHOLON-ROWLAND CORP.		

FILED
06 MAY -1 PM 4:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 100 BROADWAY NEW YORK, NY 10005	Mailing Address 100 BROADWAY NEW YORK, NY 10005
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



6. Name and Address of Current Registered Agent	
CHIEF FINANCIAL OFFICER P O BOX 6200 (32314-6200) 200 E. GAINES ST TALLAHASSEE, FL 32399-0000	

7. Name and Address of New Registered Agent	
Name <u>CT Corporation System</u>	
Street Address (P.O. Box Number is Not Acceptable) <u>1200 South Pine Island Road</u>	
City <u>Plantation</u>	FL Zip Code <u>33324</u>

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE <u>Connie Bryan</u>	DATE <u>5/1/06</u>

9. Election Campaign Financing	
Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KAPLAN, ARNOL 9 ELEANOR DRIVE KENDALL PARK, NJ 08824 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KREITZBERG, DOUGLAS W 520 GRADYVILLE ROAD NEWTOWN SQUARE, PA 19073 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILSON, JOSEPH E JR 1198 KILLARNEY LANE WEST CHESTER, PA 19382 <input checked="" type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SORRENTINO, JOHN 15 MAINTAINWOOD COURT TOTOWA, NJ 07512 <input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Ernest J. Newborn, II 555 Pleasantville Rd. Briarcliff Manor, NY 10510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Namee Oberst 555 Pleasantville Rd Briarcliff Manor, NY 10510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Robert Schneider 555 Pleasantville Rd Briarcliff Manor, NY 10510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT David Hess 555 Pleasantville Rd Briarcliff Manor, NY 10510 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Namee Oberst</u>	DATE: <u>4/17/06</u>	DAYTIME PHONE: <u>(914) 749-8560</u>
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