**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 # **F94000006369 (2)**

1. Corporation Name

**TRANSOURCE POLYMERS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 275 WARNER AVE.<br>ROSLYN HEIGHTS NY 11577 | 275 WARNER AVE.<br>ROSLYN HEIGHTS NY 11577 |

3. Date Incorporated or Qualified: **12/14/1994**
3a. Date of Last Report: **02/03/1995**

2. Principal Place of Business — 21
Street, Apt. #, etc. — 22
City, & State — 23
Zip — 24 | County — 25

2a. Mailing Address — 26
Street, Apt. #, etc. — 27
City & State — 28
Zip — 29 | County — 30

4. FEI Number: **11-3022577** ☐ 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

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**
**1201 HAYS ST.**
**SUITE 105**
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 607.0342 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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | ~~PD~~ ☐ DELETE | TITLE | Chairman & CEO ☒ Change ☐ Addition |
| NAME | SEARLES, DAVID | NAME | |
| STREET ADDRESS | 12 SHERWOOD CRESCENT | STREET ADDRESS | |
| CITY, ST, ZIP | DIX HILLS NY 11746 | CITY, ST, ZIP | |
| TITLE | SD ☒ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | GROSS, KENNETH | NAME | |
| STREET ADDRESS | LAKE ST. | STREET ADDRESS | |
| CITY, ST, ZIP | GOLDEN BRIDGE NY 10526 | CITY, ST, ZIP | |
| TITLE | ☐ DELETE | TITLE | President ☐ Change ☒ Addition |
| NAME | | NAME | SANDFORD SCHLUSSMAN |
| STREET ADDRESS | | STREET ADDRESS | 7 ORCHARD DR. |
| CITY, ST, ZIP | | CITY, ST, ZIP | RANDOLPH, NJ 07869 |
| TITLE | ☐ DELETE | TITLE | C.F.O. ☐ Change ☒ Addition |
| NAME | | NAME | WILLIAM S. BLACKER |
| STREET ADDRESS | | STREET ADDRESS | 26 LINFORD RD |
| CITY, ST, ZIP | | CITY, ST, ZIP | GREAT NECK, NY 11021 |
| TITLE | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |
| TITLE | ☐ DELETE | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY, ST, ZIP | | CITY, ST, ZIP | |

14. I, Ed., hereby certify that the information supplied with this filing is voluntary, 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 added above or on an attachment with an address.

**SIGNATURE:** William S. Blacker Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/25/96 (516) 625-8880
DATE Daytime Phone #

CR2E034 (12/95)