FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 PM 1:31

DOCUMENT # **F94000006634 (9)**

1. Corporation Name

CRMR EIGHT, INC.

Principal Place of Business	Mailing Address
C/O MINOR METALS, INC. ONE PARKER PLAZA FORT LEE NJ 07024	C/O MINOR METALS, INC. ONE PARKER PLAZA FORT LEE NJ 07024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1994
3a. Date of Last Report:

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: APPLIED FOR 76-0463446 ☐ 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 SHAREHOLDERS REPORT STOCK IS INTANGIBLE TAX RETURN

9. Name and Address of Current Registered Agent

MCMULLEN, SCOTT L
505 S. FLAGLER DRIVE, STE 1100
WEST PALM BEACH FL 33402-3475

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 607.0502 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	WEISFISCH, RYAN	12 NAME		
STREET ADDRESS	ONE PARKER PLAZA	13 STREET ADDRESS		
CITY-ST-ZIP	FORT LEE NJ	14 CITY-ST-ZIP		
TITLE	CD	21 TITLE		☐ Change ☐ Addition
NAME	GILLIS, CHUCK	22 NAME		
STREET ADDRESS	ONE PARKER PLAZA	23 STREET ADDRESS		
CITY-ST-ZIP	FORT LEE NJ	24 CITY-ST-ZIP		
TITLE		31 TITLE	Vice President-Finance	☐ Change ☒ Addition
NAME		32 NAME	Roy A. Wayne	
STREET ADDRESS		33 STREET ADDRESS	63 Lorna Lane	
CITY-ST-ZIP		34 CITY-ST-ZIP	Suffern, NY 10901	
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

REMITTED HEREWITH $ 1

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: _____ BY ATTORNEY 4/26/95 (201) 947-4111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004328 FTI