

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 # **F95000000920 (7)**

1. Corporation Name

MOORE MEDICAL CORP.



Principal Place of Business

**389 JOHN DOWNEY DR.
NEW BRITAIN CT 06050**

Mailing Address

**389 JOHN DOWNEY DR.
NEW BRITAIN CT 06050**

3. Date Incorporated or Qualified
02/24/1995

3a. Date of Last Report
N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
22-1897821

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

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	☐ DELETE
NAME	KARP, MARK E	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06050	
TITLE	V	☐ DELETE
NAME	KOLLMAYER, KENNETH S	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06050	
TITLE	S	☐ DELETE
NAME	GREENBERGER, JOSEPH	
STREET ADDRESS	1370 AVE. OF AMERICAS, #2701	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	CFO	☐ DELETE
NAME	MURRAY, JOHN A	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06050	
TITLE	D	☐ DELETE
NAME	SUTRO, PETER C	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06050	
TITLE	D	☐ DELETE
NAME	STEELE, ROBERT H	
STREET ADDRESS	389 JOHN DOWNEY DR.	
CITY-ST-ZIP	NEW BRITAIN CT 06050	

1.1 TITLE	D	☐ Change ☒ Addition
1.2 NAME	Steven Kotler	
1.3 STREET ADDRESS	389 John Downey Drive	
1.4 CITY-ST-ZIP	New Britain, CT 06050	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	William J. Thomas, Jr.	
2.3 STREET ADDRESS	389 John Downey Drive	
2.4 CITY-ST-ZIP	New Britain, CT 06050	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	Dan Wassong	
3.3 STREET ADDRESS	389 John Downey Drive	
3.4 CITY-ST-ZIP	New Britain, CT 06050	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	John E. Dillaway	
4.3 STREET ADDRESS	389 John Downey Drive	
4.4 CITY-ST-ZIP	New Britain, CT 06050	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 officer 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 860-826-3677
Date Daytime Phone #

CR2E034 (12/95)