

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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**

FILED
Aug 26 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1995

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

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 607.0502 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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D	Mr. Steven Kotler	Schroder & Co., Inc.	787 Seventh Ave. - 5th Floor	☐	☒
			New York, NY 10019-6016	☐	☐
D	Mr. Wilmer J. Thomas, Jr.	272 Undermountain Rd.	Salisbury, CT 06068	☐	☒
D	Mr. Dan K. Wassong /Del Laboratories Inc.	565 Broad Hollow Rd.	Farmingdale, NY 11735	☐	☒
V	Mr. Richard Bucchi	389 John Downey Dr.	New Britain, CT 06050	☐	☒

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

[Signature]

August 18, 1998 (860) 826-2670

CR2E034 (5/98)