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FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F96000001766 (2)

1. Corporation Name

AMERICAN STANDARD FINANCIAL CORPORATION

Principal Place of Business

15 WEST 54TH STREET, 2ND FLOOR
NEW YORK NY 10019

Mailing Address

15 WEST 54TH STREET, 2ND FLOOR
NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1996

4. FEI Number

13-3880163

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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	DP	<input type="checkbox"/> DELETE
NAME	KALAHAR, RICHARD A	
STREET ADDRESS	POST OFFICE BOX 8820	
CITY-ST-ZIP	PISCATAWAY N. 20	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	PAINE, FREDERICK C	
STREET ADDRESS	POST OFFICE BOX 8820	
CITY-ST-ZIP	PISCATAWAY N. 20	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BATTAGLIA, THOMAS S	
STREET ADDRESS	POST OFFICE BOX 8820	
CITY-ST-ZIP	PISCATAWAY N. 20	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	JAGUA, FREDERICK W	
STREET ADDRESS	15 WEST 54TH STREET	
CITY-ST-ZIP	NEW YORK N.	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WELLBROOK, ROBERT	
STREET ADDRESS	POST OFFICE BOX 8820	
CITY-ST-ZIP	PISCATAWAY N. 20	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MAHONEY, MARY JANE	
STREET ADDRESS	POST OFFICE BOX 8820	
CITY-ST-ZIP	PISCATAWAY N. 20	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS	410 MIKE GOGOLA, 235 FENCL LA	
1.4 CITY-ST-ZIP	PO BOX 717, NILLSIDE, IL 60162	
2.1 TITLE	SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SAME	
2.3 STREET ADDRESS	410 MIKE GOGOLA, 235 FENCL LA,	
2.4 CITY-ST-ZIP	PO BOX 717, NILLSIDE, IL 60162	
3.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS	410 MIKE GOGOLA, 235 FENCL LA,	
3.4 CITY-ST-ZIP	PO BOX 717, NILLSIDE, IL 60162	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS	410 MIKE GOGOLA, 235 FENCL LA,	
5.4 CITY-ST-ZIP	PO BOX 717, NILLSIDE, IL 60162	
6.1 TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME	
6.3 STREET ADDRESS	410 MIKE GOGOLA, 235 FENCL LA,	
6.4 CITY-ST-ZIP	PO BOX 717, NILLSIDE, IL 60162	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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] 732-480 6000

CR2E034 (10/97)