

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000002162 (3)**
1. Corporation Name
COATES SCREEN, INC.



Principal Place of Business 180 EAST UNION AVE. EAST RUTHERFORD NJ 07073-2124	Mailing Address 180 EAST UNION AVE. EAST RUTHERFORD NJ 07073-2124
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3. Date Incorporated or Qualified 04/30/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	4. FEI Number 22-3374323	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCKETT, MICHAEL	1.2 NAME	
STREET ADDRESS	180 EAST UNION AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073-2124	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, BARRY	2.2 NAME	
STREET ADDRESS	180 EAST UNION AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073-2124	2.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HECHT, STEPHAN	3.2 NAME	
STREET ADDRESS	2445 PRODUCTION DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES IL 60174	3.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAGNER, WAYNE	4.2 NAME	
STREET ADDRESS	180 EAST UNION AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073-2124	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAUSSERIE-LAPREE, PATRICK	5.2 NAME	
STREET ADDRESS	180 EAST UNION AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073-2124	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATES, PETER	6.2 NAME	
STREET ADDRESS	180 EAST UNION AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ 07073-2124	6.4 CITY-ST-ZIP	

14. I do 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: Wayne Wagner Secretary/Treasurer
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4/1/97 (2017) 933-6100
Daytime Phone: _____

CR2E034 (9/96)