

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

FILED
Mar 26 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 # F96000005255 (2)

1. Corporation Name

LUMEX SALES AND DISTRIBUTION CO., INC.

Principal Place of Business

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address

CORPORATION TRUST CENTER
1209 ORANGE STREET
WILMINGTON DE 19801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/10/1996

4. FEI Number

58-2260698

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

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

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	P	<input checked="" type="checkbox"/> DELETE
NAME	SENN, ROBERT B	
STREET ADDRESS	81 SPENCE STREET	
CITY-ST-ZIP	BAY SHORE NY 11706-2290	

TITLE	VCV	<input type="checkbox"/> DELETE
NAME	HUNTZ, JOHN J JR	
STREET ADDRESS	1201 W. PEACHTREE STREET, NW, SUITE 5000	
CITY-ST-ZIP	ATLANTA GA 30309	

TITLE	S	<input type="checkbox"/> DELETE
NAME	HUTCHESON, MILDRED H	
STREET ADDRESS	1201 W. PEACHTREE STREET, NW, SUITE 5000	
CITY-ST-ZIP	ATLANTA GA 30309	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MINOTTO, GENE J	
STREET ADDRESS	1201 W. PEACHTREE STREET, NW, SUITE 5000	
CITY-ST-ZIP	ATLANTA GA 30309	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MULLINAX, BRADY W JR	
STREET ADDRESS	1201 W. PEACHTREE STREET, NW, SUITE 5000	
CITY-ST-ZIP	ATLANTA GA 30309	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLAMON, LAWRENCE P.	
STREET ADDRESS	1201 W. PEACHTREE STREET, SUITE 5000	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President and Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Irwin Selinger	
1.3 STREET ADDRESS	400 Rabro Drive East	
1.4 CITY-ST-ZIP	Hauppauge, NY 11788	

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Andrew A. Giordano	
4.3 STREET ADDRESS	400 Rabro Drive East	
4.4 CITY-ST-ZIP	Hauppauge, NY 11788	

5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	David P. Delaney, Jr.	
5.3 STREET ADDRESS	400 Rabro Drive East	
5.4 CITY-ST-ZIP	Hauppauge, NY 11788	

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:  Mildred H. Hutcheson

3-19-98

CR2E034 (10/97)