

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 16, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000001982**

1. Entity Name  
**ANDLINGER & COMPANY, INC.**



Principal Place of Business  
**660 BEACHLAND BLVD  
202  
VERO BEACH, FL 32963**

Mailing Address  
**P.O. BOX 1730  
VERO BEACH, FL 32961**



01112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>13-3879510</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**MITCHELL, IVAR  
660 BEACHLAND BLVD  
SUITE 202  
VERO BEACH, FL 32963**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	T
NAME	RUSSELL, JAMES R
STREET ADDRESS	303 SOUTH BROADWAY
CITY-ST-ZIP	TARRYTOWN, NY 10591
TITLE	DS
NAME	MAGIDA, STEPHEN A
STREET ADDRESS	303 BROADWAY
CITY-ST-ZIP	TARRYTOWN, NY 10591
TITLE	VAST
NAME	MITCHELL, IVAR
STREET ADDRESS	660 BEACHLAND BLVD #202
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	PD
NAME	ANDLINGER, MERRICK G
STREET ADDRESS	303 SOUTH BROADWAY
CITY-ST-ZIP	TARRYTOWN, NY 10591
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/17/08-80028-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Ivar W. Mitchell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Vice Pres.*

Date

*1/14/2008 (772) 234.4998*

Daytime Phone #

*IVAR W. MITCHELL*