

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F98000003030**

1. Corporation Name
COCHRANE INC.

Principal Place of Business
**800 THIRD AVE.
KING OF PRUSSIA PA 19406**

Mailing Address
**800 THIRD AVE.
KING OF PRUSSIA PA 19406**

FILED
Aug 04, 1999 8:00 am
Secretary of State

08-04-1999 90006 023 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/28/1998

4. FEI Number

23-2865780

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 the current year
Intangible Personal Property. ☐ Yes ☒ 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

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	D	<input type="checkbox"/> DELETE
NAME	BALDETTI, PAUL	
STREET ADDRESS	CRANE VALVES, 3201 WALNUT AVE.	
CITY-ST-ZIP	LONG BEACH CA 90807	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	FLEMING, HU	
STREET ADDRESS	800 THIRD AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	KRASIEWICH, D.	
STREET ADDRESS	800 THIRD AVE.	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	UNGERLAND, T.J.	
STREET ADDRESS	100 FIRST STAMFORD PL.	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	DICKOFF, G.A.	
STREET ADDRESS	100 FIRST STAMFORD PL.	
CITY-ST-ZIP	STAMFORD CT 06902	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DP
2.3 STREET ADDRESS	LAROCCO, JOHN
2.4 CITY-ST-ZIP	800 THIRD AVE. KING OF PRUSSIA, PA 19406
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	D
3.3 STREET ADDRESS	KUBALIC, JAMES
3.4 CITY-ST-ZIP	800 THIRD AVE. KING OF PRUSSIA, PA 19406
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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:

J. Kubalic **REDA B. KUBALIC**

7/21/99

610-265-5050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)

0115469