

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Jun 21, 1999 8:00 am  
Secretary of State

06-21-1999 90010 006 \*\*\*558.75

DOCUMENT # F98000004349

1. Corporation Name

SEVERN TRENT LABORATORIES, INC.

Principal Place of Business

315 FULLERTON AVENUE  
NEWBURGH NY 12550

Mailing Address

315 FULLERTON AVENUE  
NEWBURGH NY 12550

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1998

4. FEI Number

23-2919996

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$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 Tax.

□ Yes

□ No

2. Principal Place of Business

21 3000 ADVANCE LANE

Suite, Apt. #, etc.

22

City & State

23 COLMAR, PA.

Zip

24 18915

Country

25 USA

2a. Mailing Address

26 3000 ADVANCE LANE

Suite, Apt. #, etc.

27

City & State

28 COLMAR, PA.

Zip

29 18915

Country

30 USA

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 PD ☐ DELETE

NAME JANNETTA, RACHEL B  
STREET ADDRESS TORRINGTON AVENUE  
CITY-ST-ZIP UNITED KINGDOM

TITLE V ☐ DELETE

NAME FERRARA, ROBERT L  
STREET ADDRESS 3000 ADVANCE LANE  
CITY-ST-ZIP COLMAR, PA

TITLE ~~S~~ ☒ DELETE

NAME ~~TAYLOR, ROBERT M~~  
STREET ADDRESS ~~3000 ADVANCE LANE~~  
CITY-ST-ZIP ~~COLMAR, PA~~

TITLE T ☐ DELETE

NAME KELLY, KENNETH J  
STREET ADDRESS 2980 ADVANCE LANE  
CITY-ST-ZIP COLMAR, PA

TITLE AS ☐ DELETE

NAME BAYER, RONALD A  
STREET ADDRESS 315 FULLERTON AVENUE  
CITY-ST-ZIP NEWBURGH NY

TITLE D ☐ DELETE

NAME HISLOP, IAN J  
STREET ADDRESS 3000 ADVANCE LANE  
CITY-ST-ZIP COLMAR, PA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: Robert M. Taylor SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/14/99

Date

215-997-4000

Daytime Phone #

CR2E034 (1/98)

0546619