FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 17 PM 2:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02600** **(5)**

1. Corporation Name
GLASROCK HOME HEALTH CARE, INC.

Principal Place of Business	Mailing Address
575 MOUNTAIN AVENUE MURRAY HILL NJ 07974	C/O THE BOC GROUP, INC. 575 MOUNTAIN AVENUE MURRAY HILL NJ 07974

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/05/1984**
3a. Date of Last Report: **04/29/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **58-1377868** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No *

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, RICHARD S.	1.2 NAME	
STREET ADDRESS	230 GOLD CREEK COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	EV	2.1 TITLE	☐ Change ☐ Addition
NAME	STOLL, ROGER G	2.2 NAME	
STREET ADDRESS	46 PEQUOT LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW CANAAN CT	2.4 CITY-ST-ZIP	
TITLE	VSGC	3.1 TITLE	☐ Change ☐ Addition
NAME	BONNES, CHARLES A	3.2 NAME	
STREET ADDRESS	34 GRAMERCY PARK EAST	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	MEDORI, RENE	4.2 NAME	
STREET ADDRESS	16 GLENMERE DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHATHAM TWP. NJ	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	SYMANSKI, ROBERT A	5.2 NAME	
STREET ADDRESS	16 SUSAN DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATHAM NJ	5.4 CITY-ST-ZIP	
TITLE	AT	6.1 TITLE	☐ Change ☐ Addition
NAME	BOYCE, JAMES A	6.2 NAME	
STREET ADDRESS	10 ACADEMY COURT	6.3 STREET ADDRESS	
CITY-ST-ZIP	BEDMINISTER NJ	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.A. Boyce J.A. Boyce - Assistant Treasurer 4/10/95 (908) 771-4817
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000401 FP

P02650

GLASROCK HOME HEALTH CARE, INC.
(a Delaware Corporation)

575 Mountain Avenue
Murray Hill, NJ 07974

OFFICERS

NAME	TITLE	HOME ADDRESS*
Richard S. Grant	President	84-4 Meeker Road Bernardsville, NJ 07924 152-78-9094
Roger G. Stoll	Executive Vice President	106 Clearview Lane New Canaan, CT 06840 384-40-5489
Charles A. Bonnes	Vice President General Counsel and Secretary	34 Gramercy Park East New York, NY 10003 100-32-0009
Rene Medori	Vice President	16 Glenmere Drive Chatham Twp., NJ 07928 158-88-4777
Robert A. Symanski	Treasurer	16 Susan Drive Chatham, NJ 07928 070-36-4250
James A. Boyce	Assistant Treasurer	10 Academy Court Bedminster, NJ 07921 017-34-2531
Robert P. Stevens	Assistant Treasurer	7 Mountview Road Morris Plains, NJ 07950 268-38-3141
James P. Blake	Assistant Secretary	5 Cambridge Court Randolph, NJ 07869 271-48-1482
Richard A. Rocchini	Assistant Secretary	RD1-Box 751, Backhus Rd. Glen Gardner, NJ 07869 271-48-1482

*Business Address: 575 Mountain Ave., Murray Hill, NJ 07974

Effective Date: February 1, 1994

102600

GLASROCK HOME HEALTH CARE, INC.

(a Delaware Corporation)

575 Mountain Avenue
Murray Hill, NJ 07974

OFFICERS

NAME	TITLE	HOME ADDRESS*
Paul E. Stolzer	Assistant Secretary	6 Ryan Way Bridgewater, NJ 08807 076-40-5023

DIRECTORS

Roger G. Stoll	106 Clearview Lane New Canaan, CT 06840 384-40-5489
Charles A. Bonnes	34 Gramercy Park East New York, NY 10003 100-32-0009
Rene Medori	16 Glenmere Drive Chatham Twp., NJ 07928 158-88-4777

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