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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P03952** **(9)**

1. Corporation Name
ELIZABETH WEBBING MILLS CO., INC.

Principal Place of Business
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
1209 ORANGE STREET
WILMINGTON DE 19801-1120

3. Date Incorporated or Qualified **11/06/1984**
3a. Date of Last Report **07/12/1996**

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 **05-0310689** 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 _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	☐ DELETE
NAME	LIFLAND, ELIOT	
STREET ADDRESS	37 DORCAR ROAD	
CITY-ST-ZIP	NEWTON MA	
TITLE	D	☐ DELETE
NAME	SPARR, IRWIN	
STREET ADDRESS	66 FAUNCE DR	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	T	☐ DELETE
NAME	GOULETTE, GREGORY	
STREET ADDRESS	60 APPLE HOUSE DRIVE	
CITY-ST-ZIP	CRANSTON RI	
TITLE	D	☐ DELETE
NAME	FELDSTEIN, ED	
STREET ADDRESS	10 WEYBOSSET ST	
CITY-ST-ZIP	PROVIDENCE RI	
TITLE	D	☒ DELETE
NAME	GOLDMAN, MARK	
STREET ADDRESS	50 ROGERS RD	
CITY-ST-ZIP	WARD HILL MA	
TITLE	D	☐ DELETE
NAME	LANG, RONALD	
STREET ADDRESS	18 MALLARD DR	
CITY-ST-ZIP	SHARON MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	☒ Change ☐ Addition
1.2 NAME	Eliot Lifland	
1.3 STREET ADDRESS	300 SE 5th Avenue #4010	
1.4 CITY-ST-ZIP	Boca Raton FL 33432	
2.1 TITLE	D	☐ Change ☒ Addition
2.2 NAME	Robert J. Wickey	
2.3 STREET ADDRESS	405 Lexington Avenue	
2.4 CITY-ST-ZIP	New York NY 10174	
3.1 TITLE	D	☐ Change ☒ Addition
3.2 NAME	N. Gary Shultis	
3.3 STREET ADDRESS	5 Plain Avenue	
3.4 CITY-ST-ZIP	New Rochelle NY 10801	
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		

CR2E034 (9/96)

14. I do 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: