

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

DOCUMENT # P06885

1. Corporation Name

NORTHVILLE INDUSTRIES CORPORATION

Principal Place of Business

25 MELVILLE PARK RD.
P.O. BOX 2937
MELVILLE NY 11747-7398

Mailing Address

25 MELVILLE PARK RD.
P.O. BOX 2937
MELVILLE NY 11747-7398

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90087 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/26/1985

4. FEI Number

11-1801730

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 PCD ☐ DELETE
NAME BERNSTEIN, JAY H.
STREET ADDRESS 26 PHEASANT RUN
CITY-ST-ZIP OLD WESTBURY NY

TITLE D ☐ DELETE
NAME BERNSTEIN, GENE M.
STREET ADDRESS 39 THE OAKS
CITY-ST-ZIP ROSLYN NY

TITLE VPCF ☐ DELETE
NAME RIPP, PETER J.
STREET ADDRESS 3 SHEPARD LN.
CITY-ST-ZIP MADISON NJ

TITLE VS ☐ DELETE
NAME MCCONAGHY, ELIZABETH A
STREET ADDRESS 19 ST ANDREWS LANE
CITY-ST-ZIP GLEN COVE NY

TITLE CC ☐ DELETE
NAME LESSMANN, STEVEN A
STREET ADDRESS 10 PIKE COURT
CITY-ST-ZIP NORTHPORT NY

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 P.O. Box 715, Maryknoll Drive
3.4 CITY-ST-ZIP New Vernon, NJ 07976

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/01/99

Date

516-753-4221

Daytime Phone #

ELIZABETH ANN MCCONAGHY Vice President & Secretary

CR2E034 (1/1/98)