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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -3 PM 6:12

DOCUMENT # **P07608** **(3)**

1. Corporation Name
S.B. THOMAS, INC.

Principal Place of Business	Mailing Address
100 PASSAIC AVENUE FAIRFIELD NJ 07004	100 PASSAIC AVENUE FAIRFIELD NJ 07004

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/02/1985**
3a. Date of Last Report: **04/20/1994**

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: **11-1401550** ☐ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LANGDON, JOHN J.	1.2 NAME	
STREET ADDRESS	SIX SUNRISE TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	KINNELON NJ	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	LOSCHMAN, CHARLES W.	2.2 NAME	
STREET ADDRESS	2 ROBERTS RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RANDOLPH NJ	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	ECHSNER, THOMAS K	3.2 NAME	
STREET ADDRESS	14 ARLENE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKAWAY NJ	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	☐ Change ☐ Addition
NAME	STURM, LEONARD J.	4.2 NAME	
STREET ADDRESS	17 KRISTEN COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	TOWACO NJ	4.4 CITY-ST-ZIP	
TITLE	VPD	5.1 TITLE	☐ Change ☐ Addition
NAME	BERMAN, D. C.	5.2 NAME	
STREET ADDRESS	16 CAMBRIDGE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ALLENDALE NJ	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	☐ Change ☐ Addition
NAME	REGNAULT, PHILLIPS M.	6.2 NAME	
STREET ADDRESS	562 MILLER RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WYCKOFF 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 with an address.

SIGNATURE: X _____ CHARLES LOSCHMAN 3/15/95 (201) 208-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0004300 FP