

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P07608 (3)

1. Corporation Name

S.B. THOMAS, INC.



Principal Place of Business

100 PASSAIC AVENUE
FAIRFIELD NJ 07004

Mailing Address

100 PASSAIC AVENUE
FAIRFIELD NJ 07004

3. Date Incorporated or Qualified

10/02/1985

3a. Date of Last Report

04/03/1995

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

2. Principal Place of Business

21 55 PARADISE LANE

Suite, Apt. #, etc.

22

City & State

23 BAYSHORE, NY 11706

Zip

24 11706

Country

25 U.S.

2a. Mailing Address

26 P.O. Box 8000

Suite, Apt. #, etc.

27

City & State

28 ENGLEWOOD CLIFFS, NJ

Zip

29 07632

Country

30 U.S.

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 signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LANGDON, JOHN J.
STREET ADDRESS SIX SUNRISE TERRACE
CITY-STATE-ZIP KINNELON NJ

TITLE VP ☐ DELETE
NAME LOSCHMAN, CHARLES W.
STREET ADDRESS 2 ROBERTS RD.
CITY-STATE-ZIP RANDOLPH NJ

TITLE VPD ☒ DELETE
NAME ECHSNER, THOMAS K
STREET ADDRESS 14 ARLENE DR
CITY-STATE-ZIP ROCKAWAY NJ

TITLE VP ☐ DELETE
NAME STURM, LEONARD J.
STREET ADDRESS 17 KRISTEN COURT
CITY-STATE-ZIP TOWACO NJ

TITLE VPD ☒ DELETE
NAME BERMAN, D. C.
STREET ADDRESS 16 CAMBRIDGE DRIVE
CITY-STATE-ZIP ALLENDALE NJ

TITLE S ☐ DELETE
NAME REGNAULT, PHILLIPS M.
STREET ADDRESS 562 MILLER RD.
CITY-STATE-ZIP WYCKOFF NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE C/D ☒ Change ☐ Addition
2. NAME BERNARD H. KASTORY
3. STREET ADDRESS 731 CHARNWOOD DR.
4. CITY-STATE-ZIP WYCKOFF, NJ 07481

2. TITLE VPD ☒ Change ☐ Addition
3. NAME WILLIAM PETERSON
4. STREET ADDRESS ONE HIGHLAND COURT
5. CITY-STATE-ZIP SETAUKET, NY 11783

3. TITLE ☐ Change ☐ Addition
4. NAME
5. STREET ADDRESS
6. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition
5. NAME
6. STREET ADDRESS
7. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition
6. NAME
7. STREET ADDRESS
8. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition
7. NAME
8. STREET ADDRESS
9. CITY-STATE-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)(k), 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: X

W. PETERSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/96
Daytime Phone #

CR2E034 (12/95)