

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # P08691 (8)

1. Corporation Name
COLMAN & HIRSCHMANN INC.

95 MAR 14 AM 8:19

Principal Place of Business Mailing Address
**200 FIFTH AVE
NEW YORK NY 10010** **200 FIFTH AVE
NEW YORK NY 10010**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26 127 Cutter Mill Road		01/14/1986	02/08/1994
22 State, Apt. #, etc.		27 State, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 Great Neck, N.Y.		13-5631245	Not Applicable
24 Zip	Country	29 Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		11021	U.S.A.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

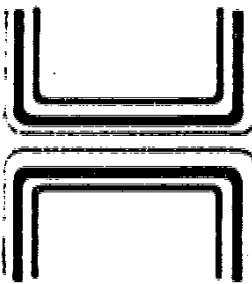
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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 of Registered Agent or Secretary of State) (Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PST	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCHMANN, HOWARD /ASST	1.2 NAME	
STREET ADDRESS	14 RIDGE DR. E.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	GREAT NECK NY	1.4 CITY-STATE-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCHMANN, HOWARD	2.2 NAME	
STREET ADDRESS	14 RIDGE DR. E.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	GREAT NECK NY	2.4 CITY-STATE-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIMES, RAYMOND	3.2 NAME	
STREET ADDRESS	2338 BANYAN BLVD CIR, NW	3.3 STREET ADDRESS	
CITY-STATE-ZIP	DCCA RATON FL	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 personally by the 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Howard Hirschmann* **President** **1/27/95** **212 691 8500**
(Signature and Typed or Printed Name of Board Officer or Director) Date Telephone Number



COLMAN & HIRSCHMANN, INC.

200 Fifth Avenue, New York, N.Y. 10010-3593 • Suite 1452

S A L E S A N D M A R K E T I N G

(212) 691-8500 • (800) 221-5877 • Fax (212) 924-6156



February 21, 1995

To Whom It May Concern:

Effective Monday, February 27, 1995, Colman & Hirschmann, Inc. will be in our new facility.

The address is:

Colman & Hirschmann, Inc.
127 Cutter Mill Road
Great Neck, New York 11021-2924

New Phone Number is: 516-487-0400

800 Number remains the same: 800-221-5877

New Fax Number is: 516-487-2506

Please notify your personnel so that we may receive our correspondence and packages correctly. Be sure to mark all packages inside Delivery.

Should you have any questions, please do not hesitate to call me.

Cordially,

Marge Kellerman
Bookkeeper
MK:dl