

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

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

05-07-1999 90013 007 ***150.00

DOCUMENT # P11008

1. Corporation Name
PRINTING DEVELOPMENTS, INC.

Principal Place of Business

**LIBERTY LANE
ATTN TAX MANAGER
HAMPTON, NH. 03842**

Mailing Address

**C/O GENERAL CHEMICAL CORP
90 E HALSEY RD - TAX DEPT.
PARSIPPANY NJ 07054
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/04/1986

4. FEI Number

22-2689839

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

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip Country

25

29 Zip Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AT	<input type="checkbox"/> DELETE
NAME	RABINOWITZ, ROY	
STREET ADDRESS	90 EAST HALSEY ROAD	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	OPALEWSKI, VINCENT	
STREET ADDRESS	2010 INDIANA ST	
CITY-ST-ZIP	RACINE WI	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSSELL, RICHARD	
STREET ADDRESS	LIBERTY LANE	
CITY-ST-ZIP	HAMPTON NH	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERMAN, MICHAEL	
STREET ADDRESS	90 EAST HALSEY RD	
CITY-ST-ZIP	PARSIPPANY NJ	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	PASSINO, RALPH M	
STREET ADDRESS	2010 INDIANA ST	
CITY-ST-ZIP	RACINE WI	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FISHER, STEWART	
STREET ADDRESS	90 EAST HALSEY RD	
CITY-ST-ZIP	PARSIPPANY NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Vice President
5.3 STREET ADDRESS	William Keightley
5.4 CITY-ST-ZIP	90 East Halsey Road
	Parsippany, NJ 07054
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Signature Required
Roy Rabinowitz

4/27/99

973-515-1854

Date

Daytime Phone #

CR2E034 (1/98)