

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 21 AM 8:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P13261 (3)**

1. Corporation Name  
**POTTERS INDUSTRIES INC.**

Principal Place of Business Mailing Address  
8007 RTE 40 EAST 8007 RTE 40 EAST  
491 491  
PARSIPPANY NJ 07054 PARSEPPANY NJ 07054  
US US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/16/1987** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **22-1933307** 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  
7. To be incorporated under the laws of the State of Florida  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **1200 W. Swedesford Rd.** 26 **P.O. Box 840**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **N/A** 27 **N/A**  
City & State City & State  
23 **Berwyn PA 19312-1077** 28 **Valley Forge, PA 194820840**  
City, State, Zip City, State, Zip  
24 **19312-1077** 29 **USA** 30 **19482-0840** 31 **USA**

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**  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 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 registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COMBS, WILLIAM</b>	1.2 NAME	
STREET ADDRESS	<b>3 REVERE COURT</b>	1.3 STREET ADDRESS	<b>P.O. Box 840</b>
CITY - ST - ZIP	<b>RANDOLPH NJ</b>	1.4 CITY - ST - ZIP	<b>Valley Forge PA 19482</b>
TITLE	<b>VD</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAINGER, WALTER</b>	2.2 NAME	
STREET ADDRESS	<b>35 CHILHOWIE DR</b>	2.3 STREET ADDRESS	<b>P.O. Box 840</b>
CITY - ST - ZIP	<b>KINNELON NJ</b>	2.4 CITY - ST - ZIP	<b>Valley Forge PA 19482</b>
TITLE	<b>VSD</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNEIDER, CHARLES</b>	3.2 NAME	
STREET ADDRESS	<b>65 TUNSTALL ROAD</b>	3.3 STREET ADDRESS	<b>P.O. Box 840</b>
CITY - ST - ZIP	<b>SCARSDALE NY</b>	3.4 CITY - ST - ZIP	<b>Valley Forge, PA 19482</b>
TITLE	<b>VD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SUTKER, BURTON</b>	4.2 NAME	
STREET ADDRESS	<b>22 CHANDLER RD</b>		<b>P.O. Box 840</b>
CITY - ST - ZIP	<b>EDISON NJ</b>		<b>Valley Forge, PA 19482</b>
TITLE	<b>T</b>		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'SHEA, PATRICIA</b>		
STREET ADDRESS	<b>272 SPRINGRUN LANE</b>		<b>P.O. Box 840</b>
CITY - ST - ZIP	<b>DOWNINGTOWN PA</b>		<b>Valley Forge, PA 19482</b>
TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

*Must have street address*

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 110.07(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: Patricia D. O'Shea Date: April 5, 1995 (610)  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR