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 MAY -1 AM 10: 22

DOCUMENT # P14618 (3)

1. Corporation Name

CRYSTAL SALES, INC.

Principal Place of Business	Mailing Address
CRYSTAL BRANDS ROAD P.O. BOX 764 SOUTHPORT CT 06490	CRYSTAL BRANDS ROAD P.O. BOX 764 SOUTHPORT CT 06490

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/28/1987
3a. Date of Last Report: 05/01/1994

4. FEI Number: 31-0720294 ~~NOT APPLICABLE~~ — 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	2a. Mailing Address
21 404 Fifth Avenue	26 404 Fifth Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New York, NY	City & State 28 New York, NY
Zip 24 10018 Country 25	Zip 29 10018 Country 30

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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	~~SHANNON, RALPH E~~	1.2 NAME	NONE
STREET ADDRESS	~~4764 READING BLVD~~	1.3 STREET ADDRESS	
CITY ST ZIP	~~WYOMISSING PA~~	1.4 CITY ST ZIP	
TITLE	S	2.1 TITLE	S ☒ Change ☐ Addition
NAME	~~VOSS, THEODORE R.~~	2.2 NAME	MICHAEL B. MCLEARN
STREET ADDRESS	~~217 WILTON RD~~	2.3 STREET ADDRESS	404 FIFTH AVE
CITY ST ZIP	~~WESTPORT CT~~	2.4 CITY ST ZIP	NEW YORK, NY 10018
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	~~KELLY, DENNIS P.~~	3.2 NAME	
STREET ADDRESS	~~446 SPOONWOOD RD~~	3.3 STREET ADDRESS	2645 MITCHELL AVE.
CITY ST ZIP	~~WILTON CT~~	3.4 CITY ST ZIP	ALLENTOWN, PA 18103
TITLE	V	4.1 TITLE	V ☒ Change ☐ Addition
NAME	CHANEY, GERALD M.	4.2 NAME	
STREET ADDRESS	125 DEER TRAIL NORTH	4.3 STREET ADDRESS	404 FIFTH AVENUE
CITY ST ZIP	RAMSEY NJ	4.4 CITY ST ZIP	NEW YORK, NY 10018
TITLE	COB	5.1 TITLE	COB ☒ Change ☐ Addition
NAME	CAMPBELL, CHARLES J	5.2 NAME	
STREET ADDRESS	40 BRAMBLY HEDGE CIR	5.3 STREET ADDRESS	404 FIFTH AVENUE
CITY ST ZIP	FAIRFIELD CT	5.4 CITY ST ZIP	NEW YORK, NY 10018
TITLE		6.1 TITLE	REFRAFTED ☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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)(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: Crystal Sales Inc. By Michael B. McLearn — 5/1/95 — 212 592 0255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0394174 EP