FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15636

(4)

ANDLINGER & COMPANY, INC.

FILED
Apr 23 1997 8:00am
Secretary of State

Principal Place of Business Mailing Address						{			
SOS SOUTH BROADWAY TARRYTOWN NY 10591		303 SOUTH BROADWAY TARRYTOWN NY 10591-5410							
						3. Date Incorporated or Qualified 08/19/1987.		ate of Last /06/1996	
	Place of Business	2a. Mailing Address				4. FEI Number	, , , ,		Applied For
er		26				13-3015597			ot Applicab
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional Required
City & Stat	te	City & State				O Starbar Commiss Financia			
3		28				6. Election Campaign Financing Trust Fund Contribution			May Be I to Fees
Zip	Country	Zip	Co	untry	· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for i			
4	25	29	30			Florida Statutes	Yes	No	0. 100.002,
<u>-1</u>	9. Name and Address of Currer		11	T		10. Name and Address of New Re	jistered	Agent	
CT	CORPORATION SYSTEM			81	Name				
	O S. PINE ISLAND ROAD			82	Stroot Add	Iress (P.O. Box Number is Not Acceptab	ادا		
	INTATION FL 33324			02	Oliegi Add	mess (F.O. box Number is Not Acceptab	16)		
				83					
				84	City			or Zir	Codo
				04	Oity		FL	85 Zig	Code
12.		D DIRECTORS	13.		m aignaiore requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AN		
TRILE	P	DELETE		IITLE	T	ADDITIONS/OFFIANCES TO OFFICE	LITOAN	Change	
NAME	SMITH, DAVID R		121	NAME					
STREET ADDRESS	303 SOUTH BROADWAY		135	STREET	ADDRESS				
CITY-ST-ZIP	TARRYTOWN NY		140	OITY-S	IT - ZIP				
TITLE	S	☐ DELETE	211	IITLE				Change	Additi
NAME	MAGIDA, STEPHEN A.		221	NAME					
STREET ADDRESS	477 MADISON AVE.		235	STREET	ADDRESS	•			
CITY-ST-ZIP	NEW YORK NY		2 4	CITY-	ST-ZIP				
TITLE	TAS	☐ DELETE	311	TIT LE				Change	Additio
NAME	RUSSELL, JAMES R.		321	MAME					
STREET ADDRESS	303 SOUTH BROADWAY		335	STREET	ADDRESS				
CITY-ST-ZIP	TARRYTOWN NY				S1 - ZIP				
TITLE	C ANDUNOTO OFFILIADO D	☐ DETEIE	411					L Change	Addilio
NAME	ANDLINGER, GERHARD R.			NAME					
STREET ADDRESS	P.O. BOX 8127				ADDRESS				
CITY-ST-ZIP	VERO BEACH FL			CITY-S	T-7IP			<u> </u>	1 4 4 700
TITLE		☐ DELETE	5.1 1					Change	Addilio
NAME				MAME					
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		T DEDETE		CITY - S	1 - ZIP			Obia===	7200
	1110	☐ DELETE	611					Change	Additio
NAME			4	NAME					
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		•		ADDRESS				
CITY-ST-ZIP			641	PIY-S	1 - 7IP				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statules. 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 legat 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 Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CORPRU

1/12/97

(914) 332 4910