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 FEB -7 PM 4:07

DOCUMENT # P15715 (6)

1. Corporation Name
MERKERT LABORATORIES, INC.

Principal Place of Business	Mailing Address
500 TURNPIKE STREET CANTON MA 02021	500 TURNPIKE STREET CANTON MA 02021

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/26/1987
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 04-2969357 ☐ 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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	MERKERT, EUGENE F.	12 NAME	
STREET ADDRESS	2359 S OCEAN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND BCH FL	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	V/T ☒ Change ☐ Addition
NAME	ROGERS, SIDNEY D.	22 NAME	Rogers, Sidney
STREET ADDRESS	11 DAY ST	23 STREET ADDRESS	11 Day Street
CITY-ST-ZIP	NORFOLK MA	24 CITY-ST-ZIP	Norfolk, MA
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CASSORLA, EDWARD	32 NAME	
STREET ADDRESS	40 BRISTOL RD	33 STREET ADDRESS	
CITY-ST-ZIP	W. NEWTON MA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	SIMMONS, RONALD W.	42 NAME	Delete
STREET ADDRESS	85 MOOSE HILL PKWAY	43 STREET ADDRESS	
CITY-ST-ZIP	SHARON MA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☒ Change ☐ Addition
NAME	REID, JAMES W.	52 NAME	Klein, Sam W.
STREET ADDRESS	18 CLUBHOUSE DRIVE	53 STREET ADDRESS	7383 Orangeweed Ln #104
CITY-ST-ZIP	POCASSET MA	54 CITY-ST-ZIP	Boca Raton, FL 33433
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	SLOAN, JOYCE A.	62 NAME	
STREET ADDRESS	2150 NW 14TH STREET	63 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	64 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)(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.

SIGNATURE: Sidney D. Rogers Sidney D. Rogers, Jr. 2/1/95 (617) 828-4800
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473402 FP