

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P15715 (6)

1. Corporation Name

MERKERT LABORATORIES, INC.



Principal Place of Business

500 TURNPIKE STREET  
CANTON MA 02021

Mailing Address

500 TURNPIKE STREET  
CANTON MA 02021

3. Date Incorporated or Qualified

08/26/1987

3a. Date of Last Report

02/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

04-2969357

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

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

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 PD ☐ DELETE  
NAME MERKERT, EUGENE F.  
STREET ADDRESS 2359 S OCEAN BLVD  
CITY-ST-ZIP HIGHLAND BCH FL

TITLE VT ☐ DELETE  
NAME ROGERS, SIDNEY  
STREET ADDRESS 11 DAY STREET  
CITY-ST-ZIP NORFOLK MA

TITLE S ☐ DELETE  
NAME CASSORLA, EDWARD  
STREET ADDRESS 40 BRISTOL RD  
CITY-ST-ZIP W. NEWTON MA

TITLE D ☒ DELETE  
NAME KLEIN, SAM W.  
STREET ADDRESS 7383 ORANGEWEED LANE #104  
CITY-ST-ZIP BOCA RATON FL

TITLE D ☒ DELETE  
NAME SLOAN, JOYCE A.  
STREET ADDRESS 2150 NW 14TH STREET  
CITY-ST-ZIP DELRAY BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME D  
4.3 STREET ADDRESS ROBERT Q. CRANE  
4.4 CITY-ST-ZIP 7 MOUNTVIEW ROAD  
WELLESLEY, MA 02181

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D  
5.3 STREET ADDRESS GERALD R. LEONARD  
5.4 CITY-ST-ZIP 339 FAR REACH ROAD  
WESTWOOD, MA 02090

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME V  
6.3 STREET ADDRESS KENNETH D. CHIPMAN  
6.4 CITY-ST-ZIP 31 ROBIN ROAD  
NORFOLK, MA 02056

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:

*Sidney D. Rogers, Jr.* TREASURER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sidney D. Rogers, Jr.

Date

4/25/96

Daytime Phone #

(617) 828-4800

CR2E034 (12/95)