

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90081 015 ***150.00

DOCUMENT # P15715

1. Corporation Name

MERKERT LABORATORIES, INC.

Principal Place of Business

500 TURNPIKE STREET
CANTON MA 02021

Mailing Address

500 TURNPIKE STREET
CANTON MA 02021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1987

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MERKERT, EUGENE F.	
STREET ADDRESS	2359 S OCEAN BLVD	
CITY-ST-ZIP	HIGHLAND BCH FL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, SIDNEY	
STREET ADDRESS	11 DAY STREET	
CITY-ST-ZIP	NORFOLK MA	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CASSORLA, EDWARD	
STREET ADDRESS	40 BRISTOL RD	
CITY-ST-ZIP	W. NEWTON MA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRANE, ROBERT Q	
STREET ADDRESS	7 MOUNTVIEW ROAD	
CITY-ST-ZIP	WELLESLEY MA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LEONARD, GERALD	
STREET ADDRESS	339 FAR REACH ROAD	
CITY-ST-ZIP	WESTWOOD MA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHIPMAN, KENENTH D.	
STREET ADDRESS	31 ROBIN ROAD	
CITY-ST-ZIP	NORFOLK MA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE ATTACHED REVISED LIST OF OFFICERS AND DIRECTORS
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

Michael S. Gold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael S. Gold, Ass't Clerk 2/5/99 (781) 828-4800

Date

Daytime Phone #

CR2E034 (1/198)

240 200 700 81-15
P10715

MERKERT LABORATORIES, INC.

CORPORATE OFFICERS AND DIRECTORS
AS OF DECEMBER 18, 1998

OFFICE

NAME AND ADDRESS

Chief Executive Officer and Director

Gerald R. Leonard
339 Far Reach Road
Westwood, MA 02090

President

Glenn F. Gillam
750 Ferry Street
Marshfield, MA 02050

Chief Financial Officer

Joseph T. Casey
19 Pheasantwood Terrace
Westwood, MA 01880

Treasurer and Vice President - Finance

Thomas P. Maher
5 Sewall Brook Court
Franklin, MA 02038

Clerk, Vice President, Chief Administrative Officer
and Director

Sidney D. Rogers, Jr.
11 Day Street
Norfolk, MA 02056

Vice President

Kenneth D. Chipman
31 Robin Road
Norfolk, MA 02056

Assistant Clerk

Michael S. Gold
4 Fieldstone Drive
Medfield, MA 02050

Assistant Clerk

Walter G. Hiltz
100 Robert Road
Dedham, MA 02026

Director

Douglas H. Holstein
5710 Providence Country Club Drive
Charlotte, NC 28277