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 MAR 10 AM 8:43

DOCUMENT # **P16489** **(7)**

1. Corporation Name

BIOCRAFT LABORATORIES, INC.

Principal Place of Business	Mailing Address
18-01 RIVER RD. FAIR LAWN NJ 07410	18-01 RIVER RD. FAIR LAWN NJ 07410

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/23/1987
3a. Date of Last Report: 04/27/1994

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: 22-1734359 ☐ 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

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 _____ 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	1.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, HAROLD	1.2 NAME	
STREET ADDRESS	18-01 RIVER RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR LAWN, NJ.	1.4 CITY-ST-ZIP	
TITLE	VDS	2.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, BEATRICE	2.2 NAME	
STREET ADDRESS	18-01 RIVER RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR LAWN, NJ.	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	SNYDER, BRIAN S.	3.2 NAME	
STREET ADDRESS	18-01 RIVER RD.	3.3. STREET ADDRESS	
CITY-ST-ZIP	FAIR LAWN, NJ.	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WELCH, G. HAROLD, JR.	4.2 NAME	
STREET ADDRESS	25 PARK ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW HAVEN CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	☐ Change ☐ Addition
NAME	KAUFMAN, MEL	5.2 NAME	
STREET ADDRESS	18-01 RIVER RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	FAIR LAWN, NJ.	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	THALENBERG, MARVIN M.	6.2 NAME	
STREET ADDRESS	350 OLD MILL ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	VALLEY COTTAGE NY	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)(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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03194007 EP