

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 # P17611 (5)

1. Corporation Name

FOOD INGREDIENT SPECIALTIES, INC.

Principal Place of Business

FIVE HIGH RIDGE PARK  
STAMFORD CT 06905

Mailing Address

FIVE HIGH RIDGE PARK  
STAMFORD CT 06905



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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/12/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

13-3346929

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

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	D	<input type="checkbox"/> DELETE
NAME	WELLER, JOSEPH M.	
STREET ADDRESS	750 CHESTER AVENUE	
CITY-STATE-ZIP	SAN MARINO CA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DORFMAN, NEIL	
STREET ADDRESS	21 PLEASANT VIEW ROAD	
CITY-STATE-ZIP	NEW MILFORD CT	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LEE, SAM H.	
STREET ADDRESS	16 HIDDEN BROOK DR	
CITY-STATE-ZIP	BROOKFIELD CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WYATT, J. DOUGLAS	
STREET ADDRESS	2123 EDGEVIEW DRIVE	
CITY-STATE-ZIP	HUDSON OH	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MULHERN, JOHN R.	
STREET ADDRESS	5037 LAKEVIEW CANYON	
CITY-STATE-ZIP	WESTLAKE VILLAGE CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCLAUGHLIN, WILLIAM L.	
STREET ADDRESS	4855 FAIRLAWN DRIVE	
CITY-STATE-ZIP	LACANADA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	ASST. TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	E. SMITH JAMES	
1.3 STREET ADDRESS	SUSAN HEN NEW DRIVE	
1.4 CITY-STATE-ZIP	RIDGEFIELD, CT 06877	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DORFMAN NEIL	
2.3 STREET ADDRESS	35915 SPICE BUSH LANE	
2.4 CITY-STATE-ZIP	SOLON, OH, 44139	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEE, Sam H.	
3.3 STREET ADDRESS	120 BASEWOOD LANE	
3.4 CITY-STATE-ZIP	MORRISLAND HILLS, OH 44022	
4.1 TITLE	ASST TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MARK SIEGAL	
4.3 STREET ADDRESS	15 SOUTH PLACE	
4.4 CITY-STATE-ZIP	CHAPPAQUA, NY	
5.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DANIEL MEELOE	
5.3 STREET ADDRESS	SUZ MANOR PARK DRIVE	
5.4 CITY-STATE-ZIP	CHAGRIN FALLS, OH 44022	
6.1 TITLE	DECTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	FRED T. HULL	
6.3 STREET ADDRESS	1810 HIGHLAND OAKS DRIVE	
6.4 CITY-STATE-ZIP	ARCADIA CA 94006	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)