FILE NOW: FILING FEE AFTER MAY 1 IS $225.00 ~~$~~ $200

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 5:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P20511 (2)

1. Corporation Name

THE ICING, INC. OF DELAWARE

100001471981
-05/02/95--01158--016
DO NOT WRITE IN THIS SPACE ****200.00 ****200.00

Principal Place of Business	Mailing Address
72 SHAKER RD. ENFIELD CT 06082	72 SHAKER RD. ENFIELD CT 06082

3. Date Incorporated or Qualified: 08/17/1988
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 06-1187745 ☐ 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	CD	1.1 TITLE	☒ Change ☐ Addition (Delete)
NAME	SHERMAN, STEPHEN	1.2 NAME	
STREET ADDRESS	34 CHESHIRE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGMEADOW MA	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	CASTELLANO, MICHAEL	2.2 NAME	
STREET ADDRESS	5 MADISON ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ENFIELD CT	2.4 CITY-ST-ZIP	
TITLE	DP	3.1 TITLE	☒ Change ☐ Addition (Delete)
NAME	SIMONE, ROBERT J.	3.2 NAME	
STREET ADDRESS	19 FRANKLIN WOODS DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SOMERS CT	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	☐ Change ☐ Addition
NAME	NANBERG, ROBERT L.	4.2 NAME	
STREET ADDRESS	190 FERN ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST HARTFORD CT	4.4 CITY-ST-ZIP	
TITLE	VST	5.1 TITLE	☐ Change ☐ Addition
NAME	KERKOVICH, THOMAS M.	5.2 NAME	
STREET ADDRESS	162 HAY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEWBURY MA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	CD ☒ Change ☐ Addition
NAME	SCHLEIN, PHILIP S.	6.2 NAME	
STREET ADDRESS	2650 DIVISADERO	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	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: _____ Thomas M. Kerkovich 4/21/95 203 749 0704
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0194060 FP