

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

FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P20741** (5)  
1. Corporation Name  
**GENERAL FELT INDUSTRIES, INC.**

Principal Place of Business  
**1000 COLUMBIA AVE  
LINWOOD PA 19061**

Mailing Address  
**C/O M. SCHWARTZBARD #1600  
354 EISENHOWER PKWY  
LIVINGSTON NJ 07039**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/01/1988</b>	
21		26		4. FEI Number <b>13-3476119</b>	Applied For Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	Zip	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	Country		

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELSON, ROBERT H.</b>	1.2 NAME	
STREET ADDRESS	<b>375 PARK AVENUE, 11TH FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10152</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VTS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FUETTE, KENNETH</b>	2.2 NAME	
STREET ADDRESS	<b>1500 CARTER PLACE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WESTCHESTER PA 19382</b>	2.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KALL, THEODORE J.</b>	3.2 NAME	
STREET ADDRESS	<b>990 N. LAKE SHORE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>V</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ALLEN, PHIL</b>	4.2 NAME	
STREET ADDRESS	<b>927 FRANKLIN AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FRANKLIN LAKES NJ 07417</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TO</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHWARTZBARD, MICHAEL</b>	5.2 NAME	
STREET ADDRESS	<b>354 EISENHOWER PARKWAY</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LIVINGSTON NJ 07039</b>	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Michael Schwartzbard* MICHAEL SCHWARTZBARD 4/29/98 973-952-1166

CR2E034 (10/97)