

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 24 PM 2:57

DOCUMENT # P21958 (4)

1. Corporation Name
INDUSTRIAL ACOUSTICS COMPANY, INC.

Principal Place of Business Mailing Address
1160 COMMERCE AVE. 1160 COMMERCE AVE.
BRONX NY 10462 BRONX NY 10462

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		12/02/1988	02/07/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		13-1713318	Not Applicable
24 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
				<input checked="" type="checkbox"/> X	
				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
				<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes					
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIRSCHORN, MARTIN	1.2 NAME	
STREET ADDRESS	1160 COMMERCE AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORAN, FREDERIC M.	2.2 NAME	
STREET ADDRESS	1160 COMMERCE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANAREK, ARNOLD W., SR.	3.2 NAME	
STREET ADDRESS	1160 COMMERCE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	3.4 CITY-ST-ZIP	
TITLE	ATS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GURIAN, STANLEY	4.2 NAME	
STREET ADDRESS	1160 COMMERCE AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOS, GEORGE J.	5.2 NAME	
STREET ADDRESS	1160 COMMERCE AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or newly appointment with no address.

SIGNATURE: Stanley Gurian Date: 1/16/95 Daytime Phone: 718-931-8000