

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris,
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90124 047 ***158.75

DOCUMENT # P21958

1. Corporation Name

INDUSTRIAL ACOUSTICS COMPANY, INC.

Principal Place of Business

Mailing Address

1160 Commerce Avenue
Bronx, NY 10462

1160 Commerce Avenue
Bronx, NY 10462

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/02/1988

4. FEI Number
13-1713318

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

25

29

30

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 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 PD
NAME HIRSCHORN, MARTIN
STREET ADDRESS 1160 COMMERCE AVE.
CITY-ST-ZIP BRONX, NY 10462

☒ DELETE

TITLE VD
NAME ORAN, FREDERIC M.
STREET ADDRESS 1160 COMMERCE AVE.
CITY-ST-ZIP BRONX, NY 10462

☒ DELETE

TITLE VD
NAME KANAREK, ARNOLD W., SR.
STREET ADDRESS 1160 COMMERCE AVE.
CITY-ST-ZIP BRONX, NY 10462

☒ DELETE

TITLE VT
NAME BERTRAND, ROBERT N.
STREET ADDRESS 1160 COMMERCE AVE.
CITY-ST-ZIP BRONX, NY 10462

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: IN 12

1.1 TITLE PD
1.2 NAME SCHMITT, ROBERT E.
1.3 STREET ADDRESS 1160 COMMERCE AVE.
1.4 CITY-ST-ZIP BRONX, NY 10462

☐ Change ☒ Addition

2.1 TITLE VT
2.2 NAME LOONEY T. JOSEPH
2.3 STREET ADDRESS 1160 COMMERCE AVE.
2.4 CITY-ST-ZIP BRONX, NY 10462

☐ Change ☒ Addition

3.1 TITLE V
3.2 NAME SCHMIDT, ROBERT
3.3 STREET ADDRESS 1160 COMMERCE AVE.
3.4 CITY-ST-ZIP BRONX, NY 10462

☐ Change ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

T. Joseph Looney SR.VP/CFO

4/12/99

Date

718-931-8000

Daytime Phone #

CR2E034 (11/98)