

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**FILED**
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:44

DOCUMENT # P24363**(4)**

1. Corporation Name

PANTAINER, INC.

Principal Place of Business

**PLAZA 2, 34 EXCHANGE PLACE
JERSEY CITY NJ 07302**

Mailing Address

**PLAZA 2, 34 EXCHANGE PLACE
JERSEY CITY NJ 07302**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/16/1989

3a. Date of Last Report

02/08/1994

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22**27**

City & State

City & State

23**28**

Zip

Country

Zip

Country

24**25****29****30**

4. FEI Number

22-2925963

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

**ZACH, ROLAND
2100 NW 84TH AVE
MIAMI FL 33122**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	ALTORFER, ROLF
STREET ADDRESS	21 DOGWOOD DRIVE
CITY- ST- ZIP	BROOKSIDE NJ
TITLE	EVD
NAME	BLATTNER, EDWARD W.
STREET ADDRESS	1530 NORTH KEY BLVD.
CITY- ST- ZIP	ROSSLYN VA
TITLE	D
NAME	FISCHER, GERARD
STREET ADDRESS	25 HUEBWEG
CITY- ST- ZIP	BINNENGEN, SWIZ.
TITLE	VP
NAME	GLASSER, FREDERICK E.
STREET ADDRESS	25 STERLING PLACE
CITY- ST- ZIP	MALVERNE NY
TITLE	ST
NAME	ZURCHER, WALTER
STREET ADDRESS	17 BRIAR HILL ROAD
CITY- ST- ZIP	HOLMDEL NJ
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 recorder 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 in an attachment with an address.

SIGNATURE:

Rolf Altorfer, President**Jan. 25, 1995 (201)915-1716**

SIGNATURE AND TYPO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #