

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P31818** (8)

1. Corporation Name

KEM MANUFACTURING COMPANY, INC.



Principal Place of Business

**18-35 RIVER RD.
FAIR LAWN NJ 07410**

Mailing Address

**18-35 RIVER RD.
FAIR LAWN NJ 07410**

3. Date Incorporated or Qualified

08/06/1990

3a. Date of Last Report

04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DEVINCENZO, JOHN
25389 PANACHE LANE
PUNTA GORDA FL 33983**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE
NAME **BROWN, RICHARD**
STREET ADDRESS **33 ANONA DR.**
CITY-STATE-ZIP **UPPER SADDLE RIVER NJ**

1.1 TITLE **TREASURER** ☐ Change ☒ Addition
1.2 NAME **KENNETH I. BROWN**
1.3 STREET ADDRESS **175 GODFREY ROAD EAST**
1.4 CITY-STATE-ZIP **WESTON, CT 06883**

TITLE **T** ☒ DELETE
NAME **GIGANTE, ANTHONY**
STREET ADDRESS **12 KENWOOD ROAD**
CITY-STATE-ZIP **HAWTHORNE NJ**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

TITLE **D** ☒ DELETE
NAME **BROWN, DORIS**
STREET ADDRESS **531 OLD WOODS RD.**
CITY-STATE-ZIP **WYCKOFF NJ**

3.1 TITLE **PRESIDENT** ☒ Change ☐ Addition
3.2 NAME **RICHARD BROWN**
3.3 STREET ADDRESS **836 ROANOKE CT**
3.4 CITY-STATE-ZIP **RAMSEY, NJ 07446**

TITLE **D** ☐ DELETE
NAME **BROWN, LILLIAN**
STREET ADDRESS **5 COUGAR CIR**
CITY-STATE-ZIP **WAYNE NJ**

4.1 TITLE **DIRECTOR** ☒ Change ☐ Addition
4.2 NAME **LILLIAN BROWN**
4.3 STREET ADDRESS **700 LAKESIDE BLVD., APT. 731**
4.4 CITY-STATE-ZIP **BOCA RATON, FL 33434**

TITLE **D** ☐ DELETE
NAME **BROWN, ARLINE**
STREET ADDRESS **440 HARTUNG DR.**
CITY-STATE-ZIP **WYCKOFF NJ**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

TITLE **S** ☐ DELETE
NAME **DEVINCENZO, RICHARD A.**
STREET ADDRESS **9 DENISE DRIVE**
CITY-STATE-ZIP **KINNELON NJ**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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)(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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Brown, Treasurer

Date

1/26/96

Daytime Phone # *201-427-2800*

CR2E034 (12/95)