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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 07410-1244

3. Date Incorporated or Qualified 08/06/1990
3a. Date of Last Report 02/08/1996

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country
25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country
30

4. FEI Number 22-1457173
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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P BROWN, RICHARD 836 ROANOKE CT RAMSEY NJ	1.1 TITLE	D MIDYET, KAREN L. 1179 NORTHRIDGE COURT GOLDEN, CO.
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T BROWN, DENNETH I 175 GODFREY RD E WESTON CT	2.1 TITLE	T BROWN, KENNETH I. 175 GODFREY RD. E. WESTON CT.
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D BROWN, DORIS 531 OLD WOODS RD. WYCKOFF NJ	3.1 TITLE	D GRAZIANO, ARLINE 440 HARTUNG AVENUE WYCKOFF, NJ
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D BROWN, LILLIAN 700 LAKESIDE BLVD APT 731 BOCA RATON FL	4.1 TITLE	D BROWN, LILLIAN 7428 BONDSBERRY CT. BOCA RATON, FL.
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BROWN, ARLINE 440 HARTUNG DR. WYCKOFF NJ	5.1 TITLE	D GLASS, ALISON 269 CEDAR CT. WYCKOFF, NJ
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	S DEVINCENZO, RICHARD A. 9 DENISE DRIVE KINNELON NJ	6.1 TITLE	D BROWN, PAULA 1117 HONEYSUCKLE LANE ANNAPOLIS, MD.
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 does not qualify for the exemption stated in Section 119.07(3)(f), 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, VP-CFO 4/22/97 201-427-2800

CR2E034 (9/96)