

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

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P34292 (3)

1. Corporation Name
**EM INDUSTRIES, INCORPORATED, A NEW YORK CORPORAT
ION**

Principal Place of Business 7 SKYLINE DRIVE 5 SKYLINE DRIVE HAWTHORNE NY 10532 US	Mailing Address 7 SKYLINE DRIVE 5 SKYLINE DRIVE HAWTHORNE NY 10532-2155 US
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2. Principal Place of Business 21 7 SkyLine Drive Suite, Apt. #, etc.	2a. Mailing Address 26 7 SkyLine Drive Suite, Apt. #, etc.
22 City & State 23 Hawthorne, NY.	27 City & State 28 Hawthorne, NY.
24 Zip 10532	25 Country WestHester
29 Zip 10532	30 Country WestHester

3. Date Incorporated or Qualified 06/13/1991	3a. Date of Last Report 04/15/1996
4. FEI Number 13-2866399	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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
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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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ZYWOTTEK, WALTER W. 7 SKYLINE DRIVE HAWTHORNE NY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CFO WALSER, MAX J. 7 SKYLINE DRIVE HAWTHORNE NY	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	CFO
STREET ADDRESS		2.3 STREET ADDRESS	JANSSEN, DIETEN
CITY-ST-ZIP		2.4 CITY-ST-ZIP	7 SKYLINE DRIVE
TITLE	SO KUNST, STEPHEN J. 7 SKYLINE DRIVE HAWTHORNE NY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	CD SCHROEDER HARALD DR. FRANKFURER STRASSE 250 DARMSTADT GE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D RICE, CHARLES A. 2751 NAPA VALLEY CORP. DR. NAPA CA	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V HACKETT, RICHARD K. 7 SKYLINE DRIVE HAWTHORNE NY	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 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.

SIGNATURE: Richard K. Hackett **REQUIRED** Richard K. Hackett 4/22/97 914-592-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)