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May 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P34292 (3)  
1. Corporation Name  
EM INDUSTRIES, INCORPORATED, A NEW YORK CORPORATION

Principal Place of Business: 7 SKYLINE DRIVE, HAWTHORNE NY 10532 US  
Mailing Address: 7 SKYLINE DRIVE, HAWTHORNE NY 10532-2155 US

2. Principal Place of Business: 21 7 SKYLINE DRIVE, Suite Apt #, etc  
22 City & State: HAWTHORNE, NY  
23 Zip: 10532, Country: Westchester

3. Date Incorporated or Qualified: 06/13/1991  
3a. Date of Last Report: 04/15/1997  
4. FEI Number: 13-2666399  
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: 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, 83, 84 City, 85 Zip Code (FL)

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 in the space provided and the full name of the Registered Agent signature required when filing online. DATE

12. OFFICERS AND DIRECTORS	
TITLE: PD	ZYWOTTEK, WALTER W. <input checked="" type="checkbox"/> DELETE
NAME	7 SKYLINE DRIVE
STREET ADDRESS	HAWTHORNE NY
CITY-ST-ZIP	
TITLE: CFO	WALSER, MAX J. <input checked="" type="checkbox"/> DELETE
NAME	7 SKYLINE DRIVE
STREET ADDRESS	HAWTHORNE NY
CITY-ST-ZIP	
TITLE: SD	KUNST, STEPHEN J. <input type="checkbox"/> DELETE
NAME	7 SKYLINE DRIVE
STREET ADDRESS	HAWTHORNE NY
CITY-ST-ZIP	
TITLE: CO	SCHROEDER HARALD DR. <input type="checkbox"/> DELETE
NAME	FRANKFURER STRASSE 250
STREET ADDRESS	DARMSTADT GE
CITY-ST-ZIP	
TITLE: D	RICE, CHARLES A. <input type="checkbox"/> DELETE
NAME	2751 NAPA VALLEY CORP. DR.
STREET ADDRESS	NAPA CA
CITY-ST-ZIP	
TITLE: V	HACKETT, RICHARD K. <input type="checkbox"/> DELETE
NAME	7 SKYLINE DRIVE
STREET ADDRESS	HAWTHORNE NY
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE: PD	WRIEDE, PETER A. DR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	7 SKYLINE DRIVE
13 STREET ADDRESS	HAWTHORNE, NY
14 CITY-ST-ZIP	
21 TITLE: CFO	JANSSEN, DIETER <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	7 SKYLINE DRIVE
23 STREET ADDRESS	HAWTHORNE, NY 10532
24 CITY-ST-ZIP	
31 TITLE:	
32 NAME:	
33 STREET ADDRESS:	
34 CITY-ST-ZIP:	
41 TITLE:	
42 NAME:	400002530644
43 STREET ADDRESS:	-05/21/98--01001--015
44 CITY-ST-ZIP:	***150.00
51 TITLE:	
52 NAME:	
53 STREET ADDRESS:	
54 CITY-ST-ZIP:	
61 TITLE:	
62 NAME:	
63 STREET ADDRESS:	
64 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)(c), 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Richard K. HACKETT 4/24/98 914-592-4660