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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 29 PM 6:5

DOCUMENT # P35782 (2)

1. Corporation Name
FARBERWARE INC.

Principal Place of Business	Mailing Address
1500 BASSETT AVENUE BRONX NY 10461	1500 BASSETT AVENUE BRONX NY 10461

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/04/1991**
3a. Date of Last Report: **05/01/1994**

21 2. Principal Place of Business	26 2a. Mailing Address	4. FEI Number: **51-0305223**	Applied For / Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip / 25 Country	29 Zip / 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (Florida Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CAMERON, PETER B.	12 NAME	
STREET ADDRESS	1500 BASSETT AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	14 CITY-ST-ZIP	
TITLE	VCT	21 TITLE	VCT ☒ Change ☐ Addition
NAME	DEA, ROBERT A	22 NAME	~~ROBERT~~ HUTCHISON, RONALD
STREET ADDRESS	1500 BASSETT AVENUE	23 STREET ADDRESS	1500 BASSETT AVENUE
CITY-ST-ZIP	BRONX NY	24 CITY-ST-ZIP	BRONX NY
TITLE	VSD	31 TITLE	☐ Change ☐ Addition
NAME	HEMPSTEAD, GEORGE H.,III	32 NAME	
STREET ADDRESS	99 WOOD AVE. SOUTH	33 STREET ADDRESS	
CITY-ST-ZIP	ISELIN NJ	34 CITY-ST-ZIP	
TITLE	CS	41 TITLE	☐ Change ☐ Addition
NAME	WARREN, ANDREW L	42 NAME	
STREET ADDRESS	1500 BASSETT AVE	43 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	44 CITY-ST-ZIP	
TITLE	P	51 TITLE	VP ☒ Change ☐ Addition
NAME	HALL, JAMES	52 NAME	HALL, JAMES
STREET ADDRESS	1500 BASSETT AVE	53 STREET ADDRESS	1500 BASSETT AVE
CITY-ST-ZIP	BRONX NY	54 CITY-ST-ZIP	BRONX, NY
TITLE	AVP	61 TITLE	☐ Change ☐ Addition
NAME	FOLEY, DANIEL	62 NAME	
STREET ADDRESS	1500 BASSETT AVE	63 STREET ADDRESS	
CITY-ST-ZIP	BRONX NY	64 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 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: _____ ANDREW L WARREN 3/22/95 ZIP 863-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #