FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 JAN 26 PM 3:08

DOCUMENT # P36233 (5)

1. Corporation Name
CONSOLIDATED SEWING MACHINE CORP.

Principal Place of Business	Mailing Address
56-65 RUST STREET MASPETH NY 11378	56-65 RUST STREET MASPETH NY 11378

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/06/1991
3a. Date of Last Report: 06/17/1994

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

4. FEI Number: 13-2855955 ☐ 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

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. NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☒ Change ☐ Addition
NAME	COHEN, ELLIOT I	1.2 NAME	
STREET ADDRESS	56-65 RUS STREET	1.3 STREET ADDRESS	56-65 RUST STREET
CITY-ST-ZIP	MASPETH NY	1.4 CITY-ST-ZIP	MASPETH, N.Y. 11378
TITLE	V	2.1 TITLE	☒ Change ☐ Addition
NAME	FAY, ROGER L.	2.2 NAME	
STREET ADDRESS	45 ROCKERFELLER PLAZA, 36TH FLOOR	2.3 STREET ADDRESS	30 ROCKEFELLER PLAZA, 42ND FLOOR
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	NEW YORK CITY, N.Y. 10112
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	D'ATRI, JUSTIN W.	3.2 NAME	
STREET ADDRESS	805 3RD AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK FL	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☒ Change ☐ Addition
NAME	RENNERT, IRA LEON	4.2 NAME	
STREET ADDRESS	45 RPCLEFE;;ER ¢;AZA. 36TJ F;PPR	4.3 STREET ADDRESS	30 ROCKEFELLER PLAZA, 42ND FLOOR
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	NEW YORK CITY, N.Y. 10112
TITLE	P	5.1 TITLE	☐ Change ☐ Addition
NAME	PAPA, ONOFRIO C.	5.2 NAME	
STREET ADDRESS	56-65 RUST STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MASPETH NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 above, or on an attachment with an address.

SIGNATURE: Elliot Cohen, V.P. FINANCE — JANUARY 20, 1995 — (718) 894-7777
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

D476480 FP