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

APPROVED AND FILED

95 MAR 27 PM 4:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P39002 (1)

1. Corporation Name
DISTRIBUTION INNOVATIONS INC.

Principal Place of Business	Mailing Address
120 CHUBB AVE PO BOX 476 LYNDHURST NJ 07071 US	120 CHUBB AVE PO BOX 476 LYNDHURST NJ 07071 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/26/1992
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business	2a. Mailing Address
21 140 East Ridgewood Ave	26 140 East Ridgewood Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Paramus N.J.	28 City & State: Paramus N.J.
24 Zip: 07652 25 Country: U.S.	29 Zip: 07652 30 Country: U.S.

4. FEI Number: 22-3160904 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH 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	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	HUFFMAN, CHRISTOPHER O.	1.2 NAME		
STREET ADDRESS	%120 CHUBB AVE.	1.3 STREET ADDRESS	140 East Ridgewood Ave	
CITY-ST-ZIP	LYNDHURST NJ	1.4 CITY-ST-ZIP	Paramus NJ 07652	
TITLE	VD	2.1 TITLE		☒ Change ☐ Addition
NAME	KENNEDY, WILLIAM P.	2.2 NAME		
STREET ADDRESS	%120 CHUBB AVE.	2.3 STREET ADDRESS	140 East Ridgewood Ave	
CITY-ST-ZIP	LYNDHURST NJ	2.4 CITY-ST-ZIP	Paramus NJ 07652	
TITLE	VD	3.1 TITLE		☒ Change ☐ Addition
NAME	WALDINGER, DOUGLAS E.	3.2 NAME		
STREET ADDRESS	%120 CHUBB AVE.	3.3 STREET ADDRESS	140 East Ridgewood Ave	
CITY-ST-ZIP	LYNDHURST NJ	3.4 CITY-ST-ZIP	Paramus NJ 07652	
TITLE	CD	4.1 TITLE		☒ Change ☐ Addition
NAME	WHAREN, ROBERT R.	4.2 NAME		
STREET ADDRESS	%120 CHUBB AVE.	4.3 STREET ADDRESS	140 East Ridgewood Ave	
CITY-ST-ZIP	LYNDHURST NJ 07071	4.4 CITY-ST-ZIP	Paramus NJ 07652	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: _____ 3/15/95 201-967-9100
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Douglas Waldinger VD — Date — Daytime Phone #