

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P39148

1. Entity Name

MANCHESTER EQUIPMENT CO., INC.



Principal Place of Business

50 MARCUS BLVD.
HAUPPAUGE, NY 11788

Mailing Address

50 MARCUS BLVD.
HAUPPAUGE, NY 11788



02212004 No Chg-P CR2E034 (10/03)

4. FEI Number
11-2312854

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

RAABE, JANET
185 NW SPANISH RIVER BLVD
270
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000087027
03/12/04-80047-002-150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CDP
STEINBERG, BARRY
50 MARCUS BLVD.
HAUPPAUGE, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
STEMPLE, JOEL
50 MARCUS BLVD.
HAUPPAUGE, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
YAISH, ELAN
50 MARCUS BLVD.
HAUPPAUGE, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOEL ROTHLEIN
684 BROADWAY
MASSAPEQUA, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-04 6319517060