FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

P40440

CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUN 29 AM 11:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

KPG 6/30/95

REMITTED BY MAY 1

DOCUMENT # P40440 (0)

1. Corporation Name

ORIGINAL WORLD PRODUCTS CORPORATION ← Former name

UNITED VISION SALES, INC.

Principal Place of Business
34 STATE ST
OSSINGING NY 10562
US

Mailing Address
34 STATE ST
OSSINING NY 10562
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/04/1992
3a. Date of Last Report: 02/01/1994

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

4. FEI Number: 22-3185946 — 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
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PRES ☒ Change ☐ Addition
NAME	NAKAI, TERUAKI	1.2 NAME	400001532464
STREET ADDRESS	34 STATE ST	1.3 STREET ADDRESS	-07/07/95--01055--014
CITY-ST-ZIP	OSSINING NY	1.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	PD	2.1 TITLE	V.P. ☒ Change ☐ Addition
NAME	HESSELL, JOHN	2.2 NAME	400001532464
STREET ADDRESS	34 STATE ST	2.3 STREET ADDRESS	-07/07/95--01055--015
CITY-ST-ZIP	OSSINING NY	2.4 CITY-ST-ZIP	*****25.00 *****25.00
TITLE	VD	3.1 TITLE	☒ Change ☐ Addition
NAME	MCKEWEN, JOHN	3.2 NAME	400001532464
STREET ADDRESS	34 STATE ST	3.3 STREET ADDRESS	delete 07/07/95--01055--016
CITY-ST-ZIP	OSSINING NY	3.4 CITY-ST-ZIP	******8.75 ******8.75
TITLE	ASST TREAS	4.1 TITLE	V.P. ☒ Change ☒ Addition
NAME	TRABING, MISAO	4.2 NAME	TRABING KENT
STREET ADDRESS	34 STATE ST	4.3 STREET ADDRESS	34 STATE
CITY-ST-ZIP	OSSINING NY	4.4 CITY-ST-ZIP	OSSINING NY
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	MACMURDIE, KEITH	5.2 NAME	
STREET ADDRESS	34 STATE ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	OSSINING NY	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	TREAS ☐ Change ☒ Addition
NAME		6.2 NAME	SANO, MARK
STREET ADDRESS		6.3 STREET ADDRESS	34 STATE ST.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	OSSINING NY

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)(k), 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or is an attachment with an address.

SIGNATURE: _____ Mark Sano Treasurer (914)923-0743
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047000 FP