

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90053 029 \*\*\*150.00

**DOCUMENT #**

P95000054138 (9) ✓

1. Corporation Name

RETAILER CONCENTRATE PRODUCTS, INC.

Principal Place of Business

Mailing Address

709 Westchester Ave.  
White Plains, NY 10604 US

709 Westchester Ave.  
White Plains, NY 10604 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7/13/1995

4. FEI Number

65-0596569

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE  
NAME CAVALLO, ERNEST J.  
STREET ADDRESS 709 WESTCHESTER AVE  
CITY-ST-ZIP WHITE PLAINS, NY 10604

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D CEO ☐ DELETE  
NAME WEINSTEIN, MICHAEL F.  
STREET ADDRESS 709 WESTCHESTER AVE.  
CITY-ST-ZIP WHITE PLAINS, NY 10604

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE CFO ☐ DELETE  
NAME ALLEN, RICHARD  
STREET ADDRESS 709 WESTCHESTER AVE  
CITY-ST-ZIP WHITE PLAINS, NY 10604

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME KNIGHT, JAMES A.  
STREET ADDRESS 280 PARK AVE  
CITY-ST-ZIP NEW YORK, NY 10017

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME ESSNER, GREG  
STREET ADDRESS 280 PARK AVE.  
CITY-ST-ZIP NEW YORK, NY 10017

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME CROWE, ROBERT J.  
STREET ADDRESS 280 PARK AVE.  
CITY-ST-ZIP NEW YORK, NY 10017

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

Robert J. Crowe, Asst. VP-Taxes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

212-451-3115

Daytime Phone #

CR2E034 (11/98)