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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 229744

1. Corporation Name  
STRAHL & PITSCHE, INC.



Principal Place of Business: 230 GREAT EAST NECK RD. P.O. BOX 1098 WEST BABYLON NY 11704  
Mailing Address: 230 GREAT EAST NECK RD. P.O. BOX 1098 WEST BABYLON NY 11704

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1959  
4. FEI Number: 13-2526829  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing:  \$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 (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent  
PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS  
TITLE: CD [ ] DELETE  
NAME: FRANCE, WILLIAM P  
STREET ADDRESS: 60 LUCINDA DRIVE  
CITY-ST-ZIP: BABYLON NY  
TITLE: D [ ] DELETE  
NAME: LEVINSON, DANIEL  
STREET ADDRESS: 10 DEER PATH RD  
CITY-ST-ZIP: WESTPORT CT  
TITLE: D [ ] DELETE  
NAME: SMALL, LAUREN COHEN  
STREET ADDRESS: 8419 STEVENSON RD.  
CITY-ST-ZIP: BALTIMORE, M.D.  
TITLE: VCD [ ] DELETE  
NAME: LIST, AUSTIN  
STREET ADDRESS: 20 E 76TH ST APT 12-F  
CITY-ST-ZIP: NEW YORK NY  
TITLE: D [ ] DELETE  
NAME: MACK, AARON  
STREET ADDRESS: 976 SUMMIT AVE  
CITY-ST-ZIP: ST. PAUL MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME: D. LEVINSON, DANIEL  
2.3 STREET ADDRESS: ONE SEA SPRAY ROAD  
2.4 CITY-ST-ZIP: WESTPORT, CT 06880  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
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: William P. France 1-8-99 514 587-9000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)