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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # **G25050** (7)
 1. Corporation Name
E & H PRODUCTS, INC.

Principal Place of Business: **222 EDEN RD, POB 4146, STAMFORD CT 06907-1146**
 Mailing Address: **222 EDEN RD, POB 4146, STAMFORD CT 06907-1146**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/22/1983		3a. Date of Last Report 03/24/1994	
2. Principal Place of Business 21		4. FEI Number 06-1076331	
2a. Mailing Address 26		Applied For Not Applicable	
Suite, Apt. #, etc. 22		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24	Country 25	Zip 29	Country 30
7. This corporation has liability for intangible tax under s. 194.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
EFFENBERGER, JOSEPH R. 1275 OCEAN SHORE BLVD ORMOND BEACH FL 32074				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code FL			

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 his or her appointor. *If 2011 Registered Agent signature required after reappointing.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DVS	NAME EFFENBERGER, JOSEPH	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1275 OCEAN	CITY ST ZIP ORMOND BCH, FL 00000	12 NAME	
TITLE DPT	NAME HALLER, MATTHEW	13 STREET ADDRESS	
STREET ADDRESS 222 EDEN RD	CITY ST ZIP STAMFORD CT	14 CITY ST ZIP	
TITLE D	NAME BRYDON, THOMAS E.	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 874 INVERNESS CT	CITY ST ZIP NEW SMYRNA BCH FL	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	24 CITY ST ZIP	
TITLE	NAME	31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	32 NAME	
TITLE	NAME	33 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	34 CITY ST ZIP	
TITLE	NAME	41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	42 NAME	
TITLE	NAME	43 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	44 CITY ST ZIP	
TITLE	NAME	51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	54 CITY ST ZIP	
TITLE	NAME	61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	CITY ST ZIP	62 NAME	
TITLE	NAME	63 STREET ADDRESS	
STREET ADDRESS	CITY ST ZIP	64 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 110.07(3)(b), 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 887, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Matthew V. Haller* **Matthew V. Haller** President
 DATE: **4/11/95**
 TELEPHONE: **203-329-9462**