FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **821389** **(4)**

1. Corporation Name

FIRST INVESTORS CORPORATION

Principal Place of Business

95 WALL STREET
NEW YORK NY 10005

Mailing Address

10 WOODBRIDGE CENTER DR.
WOODBRIDGE NJ 07095
US

3. Date Incorporated or Qualified: **04/30/1968**

3a. Date of Last Report: **01/25/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 581 MAIN STREET
Suite, Apt. #, etc.
27
City & State
28 WOODBRIDGE, N.J.
Zip 29 07095 Country 30 US

4. FEI Number: **13-2608328** ☐ 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

UNITED STATES CORPORATION COMPANY
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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1 TITLE		☐ Change ☐ Addition
NAME	HEAD, GLENN O		2 NAME		
STREET ADDRESS	95 WALL STREET		3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2 TITLE		☒ Change ☐ Addition
NAME	SULLIVAN, JOHN T		2 NAME	HECKER, MARVIN	
STREET ADDRESS	95 WALL STREET		2 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		2 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	3 TITLE		☐ Change ☐ Addition
NAME	RINALDI, LOUIS		3 NAME		
STREET ADDRESS	10 WOODBRIDGE CENTER DR.		3 STREET ADDRESS		
CITY-ST-ZIP	WOODBRIDGE NJ		3 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	4 TITLE		☐ Change ☐ Addition
NAME	FAUCI, LAWRENCE		4 NAME		
STREET ADDRESS	95 WALL STREET		4 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		4 CITY-ST-ZIP		
TITLE	SGC	☐ DELETE	5 TITLE		☐ Change ☐ Addition
NAME	LAVOIE, LARRY R		5 NAME		
STREET ADDRESS	95 WALL STREET		5 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5 CITY-ST-ZIP		
TITLE	T	☐ DELETE	6 TITLE		☐ Change ☐ Addition
NAME	BENEDEK, JOSEPH I		6 NAME		
STREET ADDRESS	10 WOODBRIDGE CENTER DR.		6 STREET ADDRESS		
CITY-ST-ZIP	WOODBRIDGE NJ		6 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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 added in the attachment with an address.

SIGNATURE: Joseph J. Benedek 1/17/96 (908) 855-2500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)