

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 836497 (8)**  
 1. Corporation Name  
**INTERNATIONAL FIDELITY INSURANCE COMPANY**

Principal Place of Business <b>ONE NEWARK CENTER 20TH FLOOR NEWARK NJ 07102</b>	Mailing Address <b>ONE NEWARK CENTER 20TH FLOOR NEWARK NJ 07102</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/10/1976</b>	
21	Suite, Apt #, etc	26	Suite, Apt #, etc.	4. FEI Number <b>22-1010450</b>	
22	City & State	27	City & State	Applied For Not Applicable	
23	Zip	28	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24	Country	29	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25	Country	30	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>STATE INSURANCE COMMISSIONER CAPITOL BUILDING TALLAHASSEE FL 32304</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 fee if applicable (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T WEISS, CHARLOTTE S.</b>	1.2 NAME	
STREET ADDRESS	<b>2575 PALIDASE AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIVERDALE NY</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SD KONVITZ, NORMAN</b>	2.2 NAME	
STREET ADDRESS	<b>1218 W. PARK AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WAYSIDE NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD MITTERHOFF, FRANCIS L.</b>	3.2 NAME	
STREET ADDRESS	<b>BROOK HOLLOW LN.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BERNARDVILLE NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CD KONVITZ, PHILIP</b>	4.2 NAME	
STREET ADDRESS	<b>1060 OCEAN AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ELBERON, NJ 08000</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SHEFFRIN, EILEEN</b>	5.2 NAME	
STREET ADDRESS	<b>27 CARRIAGE HILL LANE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>COLUMBUS NJ</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ASD LEVINSON, GILDA</b>	6.2 NAME	
STREET ADDRESS	<b>21 MAYFFIELD PLACE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>METUCHEN, NJ 08000</b>	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.

SIGNATURE: *Lee Hartmann* **Lee Hartmann** 4/15/98 (973)624-7200

CR2E034 (10/97)