

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

**FILED**  
**May 20 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # 841472 (4)**  
 1. Corporation Name  
**HILDEBRANDT, INC.**

Principal Place of Business  
**50 DIVISION ST., SUITE 501  
 SOMERVILLE NJ 08876**

Mailing Address  
**50 DIVISION ST., SUITE 501  
 SOMERVILLE NJ 08876-2900**



2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>09/20/1978</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>13-2813131</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AKINS, DONALD</b>	1.2 NAME	
STREET ADDRESS	<b>14901 QUORUM DR, STE 525</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DALLAS TX</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DSC</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HILDEBRANDT, BRADFORD W</b>	2.2 NAME	
STREET ADDRESS	<b>50 DIVISION ST., #501</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOMERVILLE, NJ 00000</b>	2.4 CITY-ST-ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KAUFMAN, JACK</b>	3.2 NAME	
STREET ADDRESS	<b>3845 WARRENSVILLE CNT RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SHAKER HEIGHTS, OH 0</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BURKART, RANDOLPH</b>	4.2 NAME	
STREET ADDRESS	<b>50 DIVISION ST., #501</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SOMERVILLE NJ</b>	4.4 CITY-ST-ZIP	
TITLE	<b>TM</b>	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SIMONET, PATRICIA M.</b>	5.2 NAME	
STREET ADDRESS	<b>107 N PALM AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>INDIALANTIC FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>TM</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>C. Randel Lewis</b>	6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Treasurer  
**C. Randel Lewis**  
 P.O. Box 856 (N/A)  
 Golden, CO 80402-0856

14. I do 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_

CR2E034 (9/96)