

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

600001836196  
 -05/23/96--01014--015  
 \*\*\*200.00

DOCUMENT # 848692  
 1. Corporation Name  
**CT Monroe Corporation**

Principal Place of Business Mailing Address  
 %Tax Dept. 9th Floor %Tax Dept. 9th Floor  
 1000 Harbor Blvd 1000 Harbor Blvd  
 Weehawken, NJ 07087 Weehawken, NJ 07087

3. Date Incorporated or Qualified 4/1/81  
 3a. Date of Last Report 5/1/94

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 25 29 30

4. FEI Number 13-3027726 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing  \$5.00 May Be Added to Fees  
 Trust Fund Contribution   
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
 CT Corporation System  
 1220 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 signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	James M. Voytko	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Richard F. McCormick	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, J 07087	
TITLE	Secretary	<input type="checkbox"/> DELETE
NAME	Rosemarie Albergo	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	
TITLE	Asst. Treasurer	<input type="checkbox"/> DELETE
NAME	Louis J. DeVico	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	
TITLE	Treasurer	<input type="checkbox"/> DELETE
NAME	Pierce R. Smith	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	Stephen R. Dyer	
STREET ADDRESS	1000 Harbor Blvd	
CITY-ST-ZIP	Weehawken, NJ 07087	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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: *Louis J. DeVico* Louis J. DeVico 4/26/96 201-902-4323  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FORM NOT APPROVED FOR FILING

*CRB*  
 5-1-96