

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

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**Mar 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 848692 (0)

1. Corporation Name
CT MONROE CORPORATION



Principal Place of Business % TAX DEPT. 9TH FLOOR 1000 HARBOR BOULEVARD WEEHAWKEN NJ 07087	Mailing Address % TAX DEPT. 9TH FLOOR 1000 HARBOR BOULEVARD WEEHAWKEN NJ 07087-6727
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3. Date Incorporated or Qualified 04/01/1981	3a. Date of Last Report 05/01/1996
4. FEI Number 13-3027726	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 607.0509 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOYTKO, JAMES M	1.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	1.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYER, STEPHEN R.	2.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	2.4 CITY - ST - ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PIERCE	3.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCORMICK, RICHARD F	4.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	4.4 CITY - ST - ZIP	
TITLE	AT <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVICO, LOUIS	5.2 NAME	Ken Levine
STREET ADDRESS	1000 HARBOR BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERGO, ROSEMARIE	6.2 NAME	Eileen McLaughlin
STREET ADDRESS	1000 HARBOR BLVD.	6.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	6.4 CITY - ST - ZIP	

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 on an attachment with an address.

SIGNATURE: *[Signature]* **NE REQUIRED** 2/14/97 201-900-4523

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

CR2E034 (9/96)