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May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **848692** (0)

1. Corporation Name
CT MONROE CORPORATION



Principal Place of Business Mailing Address

% TAX DEPT. 9TH FLOOR 1000 HARBOR BOULEVARD WEEHAWKEN NJ 07087

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3. Date Incorporated or Qualified **04/01/1981** 3a. Date of Last Report **05/01/1998**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Country 29 Zip 30 Country

4. FEI Number **13-3027726** 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324
(This was already changed on 1998 annual report)

10. Name and Address of New Registered Agent

81 Name **Corporation Service Co.**

82 Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST.**

83

84 City **Tallahassee** FL 85 Zip Code **32301**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATALENE, EUGENE M	1.2 NAME Pres. Dharmajay M. Pai
STREET ADDRESS	1000 HARBOR BLVD.	1.3 STREET ADDRESS 1000 Harbor Blvd.
CITY-ST-ZIP	WEEHAWKEN NJ	1.4 CITY-ST-ZIP Weehawken, NJ 07087
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, EILEEN	2.2 NAME
STREET ADDRESS	1000 HARBOR BLVD.	2.3 STREET ADDRESS
CITY-ST-ZIP	WEEHAWKEN NJ	2.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, PIERCE	3.2 NAME Treasurer William J. Nolan
STREET ADDRESS	1000 HARBOR BLVD.	3.3 STREET ADDRESS 1000 Harbor Blvd.
CITY-ST-ZIP	WEEHAWKEN NJ	3.4 CITY-ST-ZIP Weehawken, NJ 07087
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" 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	<input checked="" type="checkbox"/> DELETE	5.1 TITLE <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEVICO, LOUIS	5.2 NAME Asst. Treasurer Kenneth Levine
STREET ADDRESS	1000 HARBOR BLVD.	5.3 STREET ADDRESS 1000 Harbor Blvd.
CITY-ST-ZIP	WEEHAWKEN NJ	5.4 CITY-ST-ZIP Weehawken, NJ 07087
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERGO, ROSEMARIE	6.2 NAME
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 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 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:  **Kenneth Levine** 4-23-99 (201) 902-4323
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)