

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

**FILED**  
**Jan 22 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 # F94000002424 (9)**

1. Corporation Name  
**C. RAIMONDO & SONS CONSTRUCTION CO., INC.**

Principal Place of Business C/O 540 BERGEN BOULEVARD PO BOX 1381 FORT LEE NJ 07204	Mailing Address C/O 540 BERGEN BOULEVARD PO BOX 1381 FORT LEE NJ 07204
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/10/1994</b>	
21	22	26	27	4. FEI Number <b>22-2479411</b>	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
23	24	28	29	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	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. SUITE 105 1201 HAYS STREET TALLAHASSEE FL 32301				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD RAIMONDO, CHARLES J SR 540 BERGEN BLVD / PO BOX 1381 FORT LEE NJ 07204	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SVPS RAIMONDO, CHARLES J JR 540 BERGEN BLVD / PO BOX 1381 FORT LEE NJ	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VP PASTORE, ARTHUR E 540 BERGEN BLVD FT LEE NJ	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AS RAIMONDO, JACEY 540 BERGEN BLVD FT LEE NJ	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_

CR2E034 (10/97)



ESTABLISHED IN 1923

## C. RAIMONDO & SONS CONSTRUCTION CO., INC.

BUILDING CONTRACTORS • CONSTRUCTION MANAGEMENT

540 BERGEN BLVD. • P.O. BOX 1381 • FORT LEE, N.J. 07024

TEL: (201) 461-5550

MAIN FAX: (201) 461-6023

ESTIMATING DEPT. FAX: (201) 944-4012

January 14, 1998

Florida Department of State  
Annual Reports Section  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

RE: C. Raimondo & Sons Construction Co., Inc.  
1998 Annual Report Filing  
Document No: F94000002424 (9)  
Federal I.D. No: 22-2479411

Dear Sir/Madam:

Enclosed is the completed annual report filing form for 1998, along with a check made payable to the Department of State, in the amount of one hundred fifty (\$150.00) dollars representing the filing fee.

If you have any questions, please do not hesitate in contacting me.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Jacey Raimondo', written over a large, stylized flourish.

Jacey Raimondo  
Vice President  
Corporate Counsel

Enclosures

JR1127i2/glyph