

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Oct 07 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F97000001809 (9)
 1. Corporation Name
 CEA USA, INC.



Principal Place of Business: 1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ 07450
 Mailing Address: 1200 E. RIDGEWOOD AVE., 3RD FL., W. WING RIDGEWOOD NJ 07450

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1997	
21	22	26	27	4. FEI Number 22-2982989	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 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 checked="" type="checkbox"/> No	
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP THOMSON, MICHAEL J <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMSON, MICHAEL J	1.2 NAME	
STREET ADDRESS	1200 E. RIDGEWOOD AVE., 3RD FL., W. WING	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEWOOD NJ 07450	1.4 CITY-ST-ZIP	
TITLE	D CASSIDY, FRANK <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASSIDY, FRANK	2.2 NAME	
STREET ADDRESS	1200 E. RIDGEWOOD AVE., 3RD FL., W. WING	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEWOOD NJ 07450	2.4 CITY-ST-ZIP	
TITLE	D CRIMMINS, THOMAS M JR. <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRIMMINS, THOMAS M JR.	3.2 NAME	Director Alfred C. Koopfer
STREET ADDRESS	1200 E. RIDGEWOOD AVE., 3RD FL., W. WING	3.3 STREET ADDRESS	1200 E. Ridgewood Ave., 3rd Fl. W. Wing
CITY-ST-ZIP	RIDGEWOOD NJ 07450	3.4 CITY-ST-ZIP	Ridgewood, NJ 07450
TITLE	D DOUGHERTY, ROBERT J JR. <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGHERTY, ROBERT J JR.	4.2 NAME	
STREET ADDRESS	1200 E. RIDGEWOOD AVE., 3RD FL., W. WING	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEWOOD NJ 07450	4.4 CITY-ST-ZIP	
TITLE	D FERLAND, E. JAMES <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERLAND, E. JAMES	5.2 NAME	
STREET ADDRESS	1200 E. RIDGEWOOD AVE., 3RD FL., W. WING	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIDGEWOOD NJ 07450	5.4 CITY-ST-ZIP	
TITLE	D MURRAY, ROBERT C <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURRAY, ROBERT C	6.2 NAME	Assistant Treasurer Patricia Sitar
STREET ADDRESS	1200 E. RIDGEWOOD AVE., 3RD FL., W. WING	6.3 STREET ADDRESS	1200 E. Ridgewood Ave., 3rd Fl. W. Wing
CITY-ST-ZIP	RIDGEWOOD NJ 07450	6.4 CITY-ST-ZIP	Ridgewood, NJ 07450

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 19.07(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: Patricia Sitar
 9/29/98 (201)612-4016

CR2E034 (5/98)