


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

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Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90005 014 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006893

1. Corporation Name
SALLY FOSTER, INC.



Principal Place of Business 6 SYLVAN WAY LEGAL DEPARTMENT PARSIPPANY NJ 07054	Mailing Address 6 SYLVAN WAY LEGAL DEPARTMENT PARSIPPANY NJ 07054
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip Country 24 25	Zip Country 29 30

3. Date Incorporated or Qualified 12/29/1997	Applied For Not Applicable
4. FEI Number 38-3084766	
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 owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DEVP	<input checked="" type="checkbox"/> DELETE
NAME	CHIDSEY, JOHN W	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	
TITLE	DEVP	<input checked="" type="checkbox"/> DELETE
NAME	FULLMER, JOHN H	
STREET ADDRESS	707 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MENCHACA, ANTHONY L	
STREET ADDRESS	707 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06901	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	FLYNN, PATRICIA	
STREET ADDRESS	2125 BUTTEFIELD RD	
CITY-ST-ZIP	TROY MI 48084	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BITKER, ALAN	
STREET ADDRESS	2125 BUTTEFIELD RD	
CITY-ST-ZIP	TROY MI 48084	
TITLE	CFAT	<input type="checkbox"/> DELETE
NAME	WARGOTZ, MICHAEL H	
STREET ADDRESS	6 SYLVAN WAY	
CITY-ST-ZIP	PARSIPPANY NJ 07054	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MICHAEL P. MONACO	
1.3 STREET ADDRESS	6 SYLVAN WAY	
1.4 CITY-ST-ZIP	PARSIPPANY NJ 07054	
2.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KEVIN PETRY	
2.3 STREET ADDRESS	2125 BUTTERFIELD ROAD	
2.4 CITY-ST-ZIP	TROY, MI 48084	
3.1 TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARIAN M. Roberge	
3.3 STREET ADDRESS	2125 Butterfield Road	
3.4 CITY-ST-ZIP	TROY, MI 48084	
4.1 TITLE	SVP TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	TERRY E. KRIDLER	
4.3 STREET ADDRESS	6 SYLVAN WAY	
4.4 CITY-ST-ZIP	PARSIPPANY NJ 07054	
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	DCEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Walter R. ... DATE: 2/4/99 Daytime Phone # _____

CR2E034 (1/1/98)