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95 MAY -1 PM 4: 20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT <b>1995</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L14386 (1)**

1. Corporation Name  
**EGDC - CONCOURSE, INCORPORATED**

Principal Place of Business <b>% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324</b>	Mailing Address <b>% C T CORPORATION SYSTEM 8751 WEST BROWARD BLVD. PLANTATION FL 33324</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 c/o C T Corporation System</b>	2a. Mailing Address <b>26 c/o Corporation System</b>	3. Date Incorporated or Qualified <b>09/08/1989</b>	3a. Date of Last Report <b>02/08/1994</b>
22 <b>660 E. Jefferson</b>	27 <b>660 E. Jefferson</b>	4. FEI Number <b>22-3001580</b>	Applied For <input type="checkbox"/> Not Applicable
23 <b>Tallahassee, Florida</b>	28 <b>Tallahassee,</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
24 <b>32302</b>	25 <b>USA</b>	29 <b>32302</b>	30 <b>U S A</b>

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 <b>660 E. Jefferson</b>	
84 <b>Tallahassee</b>		85 <b>FL</b>	86 <b>32302</b>

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: \_\_\_\_\_  
Signature of Agent, Registered Office, Registered Agent and Mailing Address. (Type) Registered Agent signature required after registration.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE <b>VDT</b>	12.2 NAME <b>LUDLOW, MADELEINE</b>	13.1 TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.3 STREET ADDRESS <b>ONE RIVERFRONT PLAZA, 9TH FLOOR NEWARK NJ</b>	12.4 CITY, ST, ZIP <b>NEWARK NJ</b>	13.2 NAME <b>Miriam F. Gilligan</b>	
12.5 STREET ADDRESS <b>ONE RIVERFRONT PLAZA, 9TH FLOOR NEWARK NJ</b>	12.6 CITY, ST, ZIP <b>NEWARK NJ</b>	13.3 STREET ADDRESS <b>One Riverfront Plaza, 9th Floor Newark, N.J. 07102</b>	
12.7 TITLE <b>PD</b>	12.8 NAME <b>WAY, PAUL H.</b>	13.4 CITY, ST, ZIP <b>NEWARK, N.J. 07102</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 STREET ADDRESS <b>ONE RIVERFRONT PLAZA, 9TH FLOOR NEWARK NJ</b>	12.10 CITY, ST, ZIP <b>NEWARK NJ</b>	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 TITLE <b>S</b>	12.12 NAME <b>BIGGINS JR., EDWARD J.</b>	13.6 NAME	
12.13 STREET ADDRESS <b>80 PARK PLAZA NEWARK NJ</b>	12.14 CITY, ST, ZIP <b>NEWARK NJ</b>	13.7 STREET ADDRESS	
12.15 TITLE <b>SD</b>	12.16 NAME <b>BRADSHAW, PAUL T.</b>	13.8 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 STREET ADDRESS <b>ONE RIVERFRONT PLAZA, 9TH FLOOR NEWARK NJ</b>	12.18 CITY, ST, ZIP <b>NEWARK NJ</b>	13.9 STREET ADDRESS	
12.19 TITLE <b>ST</b>	12.20 NAME <b>BIGGINS, EDWARD J. J</b>	13.10 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.21 STREET ADDRESS <b>C/O 9 CAMPUS DRIVE PARSIPPANY NJ</b>	12.22 CITY, ST, ZIP <b>PARSIPPANY NJ</b>	13.11 STREET ADDRESS	
12.23 TITLE <b>S</b>	12.24 NAME <b>SMITH, ROBERT S.</b>	13.12 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.25 STREET ADDRESS <b>C/O 9 CAMPUS DRIVE PARSIPPANY NY</b>	12.26 CITY, ST, ZIP <b>PARSIPPANY NY</b>	13.13 STREET ADDRESS	
12.27 CITY, ST, ZIP	12.28 CITY, ST, ZIP	13.14 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 (1)(7)(b), 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 as an attachment with an address.

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Paul T. Bradshaw**

Date: **4-25-95**      (Section Header #) **(201) 596-6770**