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FILED
Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		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 C/O CT CORPORATION SYSTEM 660 E. JEFFERSON TALLAHASSEE FL 32302 US	Mailing Address C/O CT CORPORATION SYSTEM 660 E. JEFFERSON TALLAHASSEE FL 32301-2562 US
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3. Date Incorporated or Qualified 09/08/1989	3a. Date of Last Report 02/13/1996
4. FEI Number 22-3001580	Applied For <input type="checkbox"/> Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
660 E. JEFFERSON
TALLAHASSEE FL 32302**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

TITLE	VDT	<input type="checkbox"/> DELETE
NAME	LUDLOW, MADELEINE	
STREET ADDRESS	ONE RIVERFRONT PLAZA, 9TH FLOOR	
CITY-ST-ZIP	NEWARK NJ	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAY, PAUL H	
STREET ADDRESS	ONE RIVERFRONT PLAZA, 9TH FLOOR	
CITY-ST-ZIP	NEWARK NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BIGGINS JR., EDWARD J.	
STREET ADDRESS	80 PARK PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BRADSHAW, PAUL T.	
STREET ADDRESS	80 PARK PLAZA T5B	
CITY-ST-ZIP	NEWARK NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Madeline W. Ludlow	
1.3 STREET ADDRESS	50 Park Plaza	
1.4 CITY-ST-ZIP	Newark NJ 07101	
2.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Eileen A. Moran	
2.3 STREET ADDRESS	One Riverfront Plaza, 9th Floor	
2.4 CITY-ST-ZIP	Newark NJ 07102	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Paul T. Bradshaw* Paul T. Bradshaw Vice President 1/20/97 (201)430-8177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)