

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9: 32

DOCUMENT # **P00011 (7)**

1. Corporation Name
BRANFORD HOLDING CORPORATION

Principal Place of Business Mailing Address
% TAX DEPT. 9TH FLOOR % TAX DEPT. 9TH FLOOR
1000 HARBOR BLVD. 1000 HARBOR BLVD.
WEEHAWKEN NJ 07087-6790 WEEHAWKEN NJ 07087-6790

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/22/1983		3a. Date of Last Report 05/01/1994	
2. Principal Place of Business 21		2a. Mailing Address 26	
4. FEI Number 06-1120048		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.	
23. City & State		28. City & State	
24. Zip		29. Zip	
Country		Country	
30. Country		30. Country	
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			

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
B1 Name				B2 Street Address (P.O. Box Number is Not Acceptable)			
B3				B4 City			
B5 Zip Code				FL			

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 resigning)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHARPLES, ARTHUR A.	1.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	1.4 CITY - ST - ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLAUGHLIN, EILEEN	2.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	2.4 CITY - ST - ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PIERCE	3.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	3.4 CITY - ST - ZIP	
TITLE	V	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEZZULICH, PETER	4.2 NAME	Vice President
STREET ADDRESS	1000 HARBOR BLVD.	4.3 STREET ADDRESS	Matalene, Eugene
CITY - ST - ZIP	WEEHAWKEN NJ	4.4 CITY - ST - ZIP	1000 Harbor Blvd. WEEHAWKEN, NJ 07087
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERGO, ROSEMARIE	5.2 NAME	
STREET ADDRESS	1000 HARBOR BLVD.	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEEHAWKEN NJ	5.4 CITY - ST - ZIP	
TITLE	AT	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LENTI, FRANK	6.2 NAME	Asst. Treasurer
STREET ADDRESS	1000 HARBOR BLVD.	6.3 STREET ADDRESS	Louis DeVito
CITY - ST - ZIP	WEEHAWKEN NJ	6.4 CITY - ST - ZIP	1000 Harbor Blvd. WEEHAWKEN, NJ 07087

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(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 agent 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 amendment with an address.

SIGNATURE: _____ DATE _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR