

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90048 029 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00011 (7)

1. Corporation Name
BRANFORD HOLDING CORPORATION



Principal Place of Business % TAX DEPT. 9TH FLOOR 1000 HARBOR BLVD. WEEHAWKEN NJ 07087-6790	Mailing Address % TAX DEPT. 9TH FLOOR 1000 HARBOR BLVD. WEEHAWKEN NJ 07087-6790
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3. Date Incorporated or Qualified 11/22/1983	3a. Date of Last Report 05/01/1998
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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 Country
24 Zip	29 Country
25 Country	30 Country

4. FEI Number 06-1120048	Applied For 13-3578867	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	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

(This was already changed on 1998 annual report.)

10. Name and Address of New Registered Agent

81 Name
Corporation Service Co.

82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays St.

83

84 City
Tallahassee

85 State
FL

86 Zip Code
32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME		1.2 NAME
STREET ADDRESS		1.3 STREET ADDRESS
CITY-ST-ZIP		1.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Dhananjay M. Pai	
1000 Harbor Blvd.	
Weehawken, NJ 07087	
Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
William J. Nolan	
1000 Harbor Blvd.	
Weehawken, NJ 07087	
Vice-Pres.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Stephen R. Dyer	
1000 Harbor Blvd.	
Weehawken, NJ 07087	
Asst. Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
Kenneth Levine	
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 119.07(3)(k), 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 (changed, or on an attachment with an address).

SIGNATURE: *Kenneth Levine* Date: 4-23-99 Daytime Phone #: (201) 902-4323

CR2E034 (12/95)