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May 17, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P00012 (5)

1. Corporation Name
KATELLA REALTY CORPORATION

Principal Place of Business % TAX DEPT. 9TH FLOOR 1000 HARBOR BLVD. WEEHAWKEN NJ 07087	Mailing Address % TAX DEPT. 9TH FLOOR 1000 HARBOR BLVD. WEEHAWKEN NJ 07087
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3. Date Incorporated or Qualified 11/22/1983	3a. Date of Last Report 05/01/1998
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21. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-3104055	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
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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. City Tallahassee
84. State FL
85. 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 _____ 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	P	<input checked="" type="checkbox"/> DELETE
NAME	MATELENE, EUGENE M	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, EILEEN	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, PIERCE	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCCORMICK, RICHARD F	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	DEVICO, LOUIS	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	JANDAN, ALEXANDER J.	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Dhananjay M. Pai	
1.3 STREET ADDRESS	1000 Harbor Blvd.	
1.4 CITY-ST-ZIP	Weehawken, NJ 07087	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	William J. Nolan	
3.3 STREET ADDRESS	1000 Harbor Blvd.	
3.4 CITY-ST-ZIP	Weehawken, NJ 07087	
4.1 TITLE	Vice-Pres.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Stephen R. Dyer	
4.3 STREET ADDRESS	1000 Harbor Blvd.	
4.4 CITY-ST-ZIP	Weehawken, NJ 07087	
5.1 TITLE	Asst. Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Kenneth Levine	
5.3 STREET ADDRESS	1000 Harbor Blvd.	
5.4 CITY-ST-ZIP	Weehawken, NJ 07087	
6.1 TITLE	Asst. Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Rosemarie Albergo	
6.3 STREET ADDRESS	1000 Harbor Blvd.	
6.4 CITY-ST-ZIP	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 if changed, or on an attachment with an address.

SIGNATURE: *KL* **Kenneth Levine** 4-23-99 (201) 902-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)