SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State ERODE ORPORATIONS 19967-9 P93000042676 (5) DOCUMENT # GLYNWILL INVESTMENTS, INC. Principal Place of Business Mailing Address 117 AA YOUNG'S RD 117 AA YOUNG'S RD BASKING RIDGE NJ 07920 BASKING RIDGE NJ 07920 3a. Date of Last Report Date Incorporated or Qualified 06/16/1993 07/14/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 58-2066779 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liab-lity for intangible tax under s 199 032 Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 C T CORPORATION SYSTEM 1200 S PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable) 82 PLANTATION FL 33324 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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** (f.O) E. Augustered Agent signature required when rein Japang) Signariae typed or printe finance of registered agent and the Capplicates OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3/6)(0)12 DELETE Change Addition **PSTD** TIFLE 11 THUE NAME RICHARD B. STEWART 1.2 NAME CR2E034 117 AA YOUNG RD STREET ADDRESS 1.3 STREET ACORESS **BASKING RIDGE NJ 07920** CITY-ST-ZIP 14 CITY - ST - ZIP DELETE Change Addition TIFLE 21 TILLE NAME 2.2 NAME STREET ADDRESS 2 3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZiP 34 CHTY-ST-ZIP DELETE Change Addition 4.1 TillE DILE 4.2 NAME NAME STREET ADDRESS 4 3 STREET ADDRESS CITY-ST-ZIP 44 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-ZIP 5 4 CHTY - ST - ZIP Charige Addition DELETE 61 TITLE TITLE NAME 6.2 NAME STREET ADDRESS. 6.3 STREET ADDRESS CITY-ST-ZIP 64 CITY - ST - 7/P 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 each, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Frorida Statutes; and that my name appears in Block 12 or Block 13 if changed.

with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

6/30/96 (201) 954-7090