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Mar 02 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 223922 (6)
1. Corporation Name
CENTRAL PLAZA THOM MCAN INC #1181



Principal Place of Business
933 MAC ARTHUR BLVD
MAHWAH NJ 07430
US 67 MILLBROOK ST
WORCESTER, MA 01606

Mailing Address
933 MACARTHUR BLVD
MAHWAH NJ 07430
US 67 MILLBROOK ST.
WORCESTER, MA 01606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
21	26	05/20/1959	04-2264200	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
22	27	<input type="checkbox"/>		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
23	28	<input type="checkbox"/>		
Zip	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		
24	25 U.S.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, J M	1.2 NAME	
STREET ADDRESS	933 MAC ARTHUR BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NY	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCEY, EDWARD J	2.2 NAME	VP
STREET ADDRESS	67 MILLBROOK ST	2.3 STREET ADDRESS	DONALD V. ROACH
CITY-ST-ZIP	WORCESTER, MA 00000	2.4 CITY-ST-ZIP	933 MACARTHUR BLVD
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, THEODORE L	3.2 NAME	J. M. ROBINSON
STREET ADDRESS	67 MILLBROOK ST	3.3 STREET ADDRESS	933 MACARTHUR BLVD
CITY-ST-ZIP	WORCESTER, MA 00000	3.4 CITY-ST-ZIP	MAHWAH NJ 07430
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAHLMAN, GERALD	4.2 NAME	
STREET ADDRESS	933 MAC ARTHUR BLVD	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAHWAH NJ	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AS
STREET ADDRESS		5.3 STREET ADDRESS	MARY BETH WILSON
CITY-ST-ZIP		5.4 CITY-ST-ZIP	67 MILLBROOK ST.
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)