FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Feb 18 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 # **286888** **(3)**

1. Corporation Name
CORE MARKETS, INC.

Principal Place of Business
800 SYLVAN AVE
ENGLEWOOD CLIFFS NJ 07632

Mailing Address
800 SYLVAN AVE
ENGLEWOOD CLIFFS NJ 07632

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/02/1964

4. FEI Number: 59-1090160 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	PHILLIPS, ROBERT M		1.2 NAME		
STREET ADDRESS	33 BENEDICT PLACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830		1.4 CITY-ST-ZIP		
TITLE	VSD	☐ DELETE	2.1 TITLE	PRES & TREASURER, DIRECTOR	☐ Change ☒ Addition
NAME	KURTZ, MELVIN H		2.2 NAME	RICE J.W	
STREET ADDRESS	33 BENEDICT PLACE		2.3 STREET ADDRESS	390 PARK AVE	
CITY-ST-ZIP	GREENWICH CT 06830		2.4 CITY-ST-ZIP	NEW YORK, NY 10022	
TITLE	AS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LEONARD, KENNETH C		3.2 NAME		
STREET ADDRESS	33 BENEDICT PLACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830		3.4 CITY-ST-ZIP		
TITLE	AST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRANTZ, JOHN		4.2 NAME		
STREET ADDRESS	800 SYLVAN AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ENGLEWOOD CLIFFS NJ 07632		4.4 CITY-ST-ZIP		
TITLE	PTD	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LANDRY, MARK		5.2 NAME		
STREET ADDRESS	33 BENEDICT PLACE		5.3 STREET ADDRESS		
CITY-ST-ZIP	GREENWICH CT 06830		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: X John Krantz 1/23/98 (201) 871-5563