FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996

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

DOCUMENT # **638805** **(2)**

1. Corporation Name

HARBOUR ISLAND INC.

Principal Place of Business	Mailing Address
424 KNIGHTS RUN AVE. TAMPA FL 33602 US	300 BENEFICIAL CENTER PEAPACK NJ 07977 US

3. Date Incorporated or Qualified: **09/27/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **51-0256917** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

KERR, DAVID C.G.
211 EAST MADISON STREET, 23RD FLOOR
TAMPA FL 33602

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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	CASPERSEN, FINN M W		12 NAME		
STREET ADDRESS	301 N. WALNUT ST.		13 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		14 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	21 TITLE	PRESIDENT & DIRECTOR	☒ Change ☐ Addition
NAME	MCGOUGH, THOMAS P.		22 NAME	MATTHEW J. BROAS	
STREET ADDRESS	301 N. WALNUT ST.		23 STREET ADDRESS	200 BENEFICIAL CENTER	
CITY-ST-ZIP	WILMINGTON DE		24 CITY-ST-ZIP	PEAPACK, NJ 07977	
TITLE	AVP	☐ DELETE	31 TITLE	VICE PRESIDENT & SEC'Y	☒ Change ☐ Addition
NAME	RHINEHART, SCOTT K		32 NAME	CHARLES D. BROWN	
STREET ADDRESS	300 BENEFICIAL CENTER		33 STREET ADDRESS	200 BENEFICIAL CENTER	
CITY-ST-ZIP	PEAPACK NJ		34 CITY-ST-ZIP	PEAPACK, NJ 07977	
TITLE	D	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	CHARLES H. WATTS		42 NAME		
STREET ADDRESS	301 N. WALNUT ST.		43 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	FARRIS, DAVID J.		52 NAME		
STREET ADDRESS	301 N. WALNUT ST.		53 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON NJ		54 CITY-ST-ZIP		
TITLE	D	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	HILLIER, J. ROBERT		62 NAME		
STREET ADDRESS	77 ALEXANDER ROAD		63 STREET ADDRESS		
CITY-ST-ZIP	PRINCETON NJ		64 CITY-ST-ZIP		

14. I do 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 added above or on an attachment with an address.

SIGNATURE: Charles D. Brown **CHARLES D. BROWN, VP & SEC'Y 4/10/96 (908) 781-3381**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)