

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 # 805465 (2)

1. Corporation Name

BURNS AND ROE ENTERPRISES, INC.



Principal Place of Business

700 KINDERKAMACK RD.
ORADELL NEW JERSEY 07649

Mailing Address

700 KINDERKAMACK RD.
ORADELL NEW JERSEY 07649

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/20/1942

3a. Date of Last Report

02/14/1995

4. FEI Number

13-4978230

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

10. Name and Address of New Registered Agent

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

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 is required on this filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	ROE, K. KEITH	
STREET ADDRESS	WYCKHAM HILL LANE #2	
CITY- ST- ZIP	GREENWICH CT	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROE, RANDALL B.	
STREET ADDRESS	11720 GLEN MILL RD.	
CITY- ST- ZIP	POTOMAC MD	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROE, HOLLACE L.	
STREET ADDRESS	1088 PARK AVE APT 2C	
CITY- ST- ZIP	NEW YORK NY	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	DOYLE, CHARLES A.	
STREET ADDRESS	370 RIVER RD.	
CITY- ST- ZIP	SCARBOROUGH NX	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DAJANI, A T	
STREET ADDRESS	1800 PARKEE AVE.	
CITY- ST- ZIP	FT. LEE NJ	
TITLE	VPCF	<input type="checkbox"/> DELETE
NAME	SMITH, RUSSELL F. JR.	
STREET ADDRESS	30 COLD HILL RD.	
CITY- ST- ZIP	MORRIS PLAINS N.	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROE, RALPH C.	
1.3 STREET ADDRESS	Cherry Valley Road	
1.4 CITY- ST- ZIP	Greenwich, Ct. 06830	
2.1 TITLE	DIRECTOR / VICE - PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROE, W. BARTON	
2.3 STREET ADDRESS	32 HOPPER FARM	
2.4 CITY- ST- ZIP	UPPER SADDLE RIVER, N.J. 07458	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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:

Russell F. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/86 201-986-4660
Date Daytime Phone

CR2E034 (12/95)