

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

FILED
Feb 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/20/1942	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-4978230	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	Director, Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROE, K. KEITH	1.2 NAME	Roe, w. Barton
STREET ADDRESS	800 KINDER KAMACK RD	1.3 STREET ADDRESS	800 Kinderkamack Rd.
CITY-ST-ZIP	ORADELL NJ	1.4 CITY-ST-ZIP	Oradell, NJ 07649
TITLE	VCVP <input type="checkbox"/> DELETE	2.1 TITLE	Senior Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROE, RANDALL B.	2.2 NAME	Dugan, Dennis E.
STREET ADDRESS	1400 K ST NW	2.3 STREET ADDRESS	800 Kinderkamack Rd.
CITY-ST-ZIP	WASHINGTON DC	2.4 CITY-ST-ZIP	Oradell, NJ 07649
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	Senior Vice president <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROE, HOLLACE L.	3.2 NAME	McCormack, Jack T
STREET ADDRESS	800 KINDER KAMACK RD	3.3 STREET ADDRESS	800 Kinderkamack Rd
CITY-ST-ZIP	ORADELL NJ	3.4 CITY-ST-ZIP	Oradell, NJ 07649
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, CHARLES A.	4.2 NAME	Sankora, James H.
STREET ADDRESS	800 KINDER KAMACK RD	4.3 STREET ADDRESS	800 Kinderkamack Rd.
CITY-ST-ZIP	ORADELL NJ	4.4 CITY-ST-ZIP	Oradell, NJ 07649
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RALPH C ROE II	5.2 NAME	Fior, Dan
STREET ADDRESS	800 KINDER KAMACK RD	5.3 STREET ADDRESS	800 Kinderkamack Rd.
CITY-ST-ZIP	ORADELL NJ	5.4 CITY-ST-ZIP	Oradell, NJ 07649
TITLE	VPCF <input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, RUSSELL F. JR.	6.2 NAME	Dooley, Lawrence W.
STREET ADDRESS	800 KINDER KAMACK RD	6.3 STREET ADDRESS	800 Kinderkamack Rd
CITY-ST-ZIP	ORADELL NJ	6.4 CITY-ST-ZIP	Oradell, NJ 07649

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: _____

CR2E034 (10/97)