

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 821528

(7)

1. Corporation Name
U.C. REALTY CORP.



Principal Place of Business

% 1600 VALLEY ROAD
WAYNE NJ 07470

Mailing Address

% 1600 VALLEY ROAD
WAYNE NJ 07470

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/31/1968

3a. Date of Last Report

07/02/1996

4. FEI Number

13-2611691

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

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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

(Signature of officer or director of corporation required when reinstating)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

12.1	PD	<input type="checkbox"/> DELETE
NAME	REED, J. M.	
STREET ADDRESS	1600 VALLEY ROAD	
CITY-STATE-ZIP	WAYNE, NJ 0	
12.2	VD	<input type="checkbox"/> DELETE
NAME	SOUTENDIJK, DR	
STREET ADDRESS	1600 VALLEY ROAD	
CITY-STATE-ZIP	WAYNE NJ	
12.3	AT	<input type="checkbox"/> DELETE
NAME	MCWILLIAMS, KG	
STREET ADDRESS	1600 VALLEY ROAD	
CITY-STATE-ZIP	WAYNE NJ	
12.4	VPD	<input type="checkbox"/> DELETE
NAME	ALBERT, J.C.	
STREET ADDRESS	WEST LATHROP AVENUE	
CITY-STATE-ZIP	SAVANNAH GA	
12.5	T	<input type="checkbox"/> DELETE
NAME	BARNEY, D.W.	
STREET ADDRESS	1600 VALLEY RD	
CITY-STATE-ZIP	WAYNE NJ	
12.6	S	<input type="checkbox"/> DELETE
NAME	ELLIOTT, M.B.	
STREET ADDRESS	1600 VALLEY ROAD	
CITY-STATE-ZIP	WAYNE NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2	1.2 NAME	
13.3	1.3 STREET ADDRESS	
13.4	1.4 CITY-STATE-ZIP	
2.1	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	2.2 NAME	
2.3	2.3 STREET ADDRESS	
2.4	2.4 CITY-STATE-ZIP	
3.1	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	3.2 NAME	
3.3	3.3 STREET ADDRESS	
3.4	3.4 CITY-STATE-ZIP	
4.1	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2	4.2 NAME	
4.3	4.3 STREET ADDRESS	
4.4	4.4 CITY-STATE-ZIP	
5.1	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2	5.2 NAME	
5.3	5.3 STREET ADDRESS	
5.4	5.4 CITY-STATE-ZIP	
6.1	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2	6.2 NAME	
6.3	6.3 STREET ADDRESS	
6.4	6.4 CITY-STATE-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.

SIGNATURE:

K.G. McWilliams

K.G. McWILLIAMS

2/28/97

(201) 628-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

0511981

CR2034 (9/96)