FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/02/95--01004--005
****200.00 ****200.00

DOCUMENT # 825058

1. Corporation Name
MARINE OFFICE OF AMERICA CORP.

Principal Place of Business	Mailing Address
C/O TAX DIVISION 12TH FL 180 MAIDEN LANE NEW YORK, NY 10038	C/O TAX DIVISION 12TH FL 180 MAIDEN LANE NEW YORK, NY 10038

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 9/11/70
3a. Date of Last Report: 2/4/94

2. Principal Place of Business (21) / 2a. Mailing Address (26)

Suite Apt # etc (22) / (27)

City & State (23) / (28)

Zip (24) / County (25) / Zip (29) / County (30)

4. FEI Number: 13-2531289 ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 607.0501 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C/D/P	TITLE	☐ Change ☐ Addition
NAME	PRENDERGAST, THOMAS J	NAME	
STREET ADDRESS	ONE CONTINENTAL DR	STREET ADDRESS	
CITY ST ZIP	CRANBURY, NJ	CITY ST ZIP	
TITLE	V/P	TITLE	☐ Change ☐ Addition
NAME	ENGLERT, EUGENE W.	NAME	
STREET ADDRESS	ONE CONTINENTAL DR	STREET ADDRESS	
CITY ST ZIP	CRANBURY, NJ	CITY ST ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	HABER, MARTIN D	NAME	
STREET ADDRESS	180 MAIDEN LANE	STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY	CITY ST ZIP	
TITLE	E/V/P	TITLE	☐ Change ☐ Addition
NAME	WILDISH, RODERICK J	NAME	
STREET ADDRESS	ONE CONTINENTAL DR	STREET ADDRESS	
CITY ST ZIP	CRANBURY, NJ	CITY ST ZIP	
TITLE	V/D	TITLE	☐ Change ☐ Addition
NAME	FISHER, WAYNE H	NAME	
STREET ADDRESS	180 MAIDEN LANE	STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY	CITY ST ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	LEMOLE, DANIEL A (ASST)	NAME	RECEIVED
STREET ADDRESS	180 MAIDEN LANE	STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY	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)(i), Florida Statutes. Further certify that the information indicated on the 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 by attachment with an address.

SIGNATURE: X Daniel A Lemole DANIEL A LEMOLE 5/9/95 212-490-7609
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #