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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -9 PM 4:14

DOCUMENT # **828179** **(2)**

1. Corporation Name
WESTBY MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
PO BOX 800 ANDOVER NJ 07821 US	PO BOX 800 ANDOVER NJ 07821 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/21/1972**
3a. Date of Last Report: **07/21/1994**

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

4. FEI Number: **58-1126345** ☐ 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

L WAYNE GODWIN
RT 1 BOX 386
ZOLFO SPRINGS FL 33890

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	CASPERSEN,FINN M W	1.2 NAME	
STREET ADDRESS	WESTBY FARM MOHAWK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER MJ	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	CASPERSEN,BARBARA M	2.2 NAME	
STREET ADDRESS	WESTBY FARM MOHAWK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CASPERSEN, FINN W JR	3.2 NAME	
STREET ADDRESS	WESTBY FARM MOHAWK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CASPERSEN, ERIK M	4.2 NAME	
STREET ADDRESS	WESTBY FARM MOHAWK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	CASPERSEN, SAMUEL M	5.2 NAME	
STREET ADDRESS	WESTBY FARM MOHAWK ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, COOPER	6.2 NAME	
STREET ADDRESS	76 ROUT 206	6.3 STREET ADDRESS	
CITY-ST-ZIP	ANDOVER NJ	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is true, complete and accurate; that my electronic 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: Finn M.W. Caspersen 3/6/95 201-786-6345
SIGNATURE AND TYPED OR PRINTED NAME OF [illegible]GER OR DIRECTOR — Date — Daytime Phone #

0464140 FN