

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 # 845202

1. Corporation Name

PW Idlewild Corporation

Principal Place of Business

&Tax Dept. 9th Floor  
1000 Harbor Blvd  
Weehawken, NJ 07087

Mailing Address

&Tax Dept. 9th Floor  
1000 Harbor Blvd  
Weehawken, NJ 07087

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

3. Date Incorporated or Qualified

2/11/90

3a. Date of Last Report

5/1/94

4. FEI Number

13-3020129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

☐

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

10. Name and Address of New Registered Agent

CT Corporation System  
1220 S. 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 required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President ☐ DELETE  
NAME James M. Voytko  
STREET ADDRESS 1000 Harbor Blvd  
CITY-ST-ZIP Weehawken, NJ 07087

TITLE Director ☐ DELETE  
NAME Richard F. McCormick  
STREET ADDRESS 1000 Harbor Blvd  
CITY-ST-ZIP Weehawken, J 07087

TITLE Secretary ☐ DELETE  
NAME Rosemarie Albergo  
STREET ADDRESS 1000 Harbor Blvd  
CITY-ST-ZIP Weehawken, NJ 07087

TITLE Asst. Treasurer ☐ DELETE  
NAME Louis J. DeVico  
STREET ADDRESS 1000 Harbor Blvd  
CITY-ST-ZIP Weehawken, NJ 07087

TITLE Treasurer ☐ DELETE  
NAME Pierce R. Smith  
STREET ADDRESS 1000 Harbor Blvd  
CITY-ST-ZIP Weehawken, NJ 07087

TITLE Vice President ☐ DELETE  
NAME Stephen R. Dyer  
STREET ADDRESS 1000 Harbor Blvd  
CITY-ST-ZIP Weehawken, NJ 07087

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied on 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:

*[Signature]*

Louis J. DeVico

4/26/96

201-902-4323

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

Daytime Phone #

FORM NOT APPROVED FOR FILING

*[Signature]*  
5-1-96