

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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PROFIT CORPORATION ANNUAL REPORT 1996				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
DOCUMENT # 848692							
1. Corporation Name CT Monroe 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		3. Date Incorporated or Qualified 4/1/81		3a. Date of Last Report 5/1/94	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country		4. FEI Number 13-3027726		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT Corporation System 1220 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 607.0502 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE President <input type="checkbox"/> DELETE NAME James M. Voytko STREET ADDRESS 1000 Harbor Blvd CITY-ST-ZIP Weehawken, NJ 07087				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
TITLE Director <input type="checkbox"/> DELETE NAME Richard F. McCormick STREET ADDRESS 1000 Harbor Blvd CITY-ST-ZIP Weehawken, J 07087				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP			
TITLE Secretary <input type="checkbox"/> DELETE NAME Rosemarie Albergo STREET ADDRESS 1000 Harbor Blvd CITY-ST-ZIP Weehawken, NJ 07087				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE Asst. Treasurer <input type="checkbox"/> DELETE NAME Louis J. DeVico STREET ADDRESS 1000 Harbor Blvd CITY-ST-ZIP Weehawken, NJ 07087				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
TITLE Treasurer <input type="checkbox"/> DELETE NAME Pierce R. Smith STREET ADDRESS 1000 Harbor Blvd CITY-ST-ZIP Weehawken, NJ 07087				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
TITLE Vice President <input type="checkbox"/> DELETE NAME Stephen R. Dyer STREET ADDRESS 1000 Harbor Blvd CITY-ST-ZIP Weehawken, NJ 07087				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 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)(k), Florida Statutes. I further certify that the information included 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: <i>Louis J. DeVico</i>				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

5-1-96