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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90048 027 ***150.00

DOCUMENT # 848692 (0)

1. Corporation Name

CT MONROE CORPORATION

Principal Place of Business

% TAX DEPT. 9TH FLOOR
1000 HARBOR BOULEVARD
WEEHAWKEN NJ 07087

Mailing Address

% TAX DEPT. 9TH FLOOR
1000 HARBOR BOULEVARD
WEEHAWKEN NJ 07087

3. Date Incorporated or Qualified
04/01/1981

3a. Date of Last Report
05/01/1998

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
13-3027726

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

(This was already changed on
1998 annual report)

81 Name

Corporation Service Co.

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

83

84 City

Tallahassee

FL

85 Zip Code

32301

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P	MATALENE, EUGENE M	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input checked="" type="checkbox"/>
S	MCLAUGHLIN, EILEEN	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input type="checkbox"/>
T	SMITH, PIERCE	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input checked="" type="checkbox"/>
VP	MCCORMICK, RICHARD F	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input checked="" type="checkbox"/>
AT	DEVICO, LOUIS	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input checked="" type="checkbox"/>
AS	ALBERGO, ROSEMARIE	1000 HARBOR BLVD.	WEEHAWKEN NJ	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
Pres.	Dhananjay M. Rai	1000 Harbor Blvd.	Weehawken, NJ 07087	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
Treasurer	William J. Nolan	1000 Harbor Blvd.	Weehawken, NJ 07087	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
Asst. Treasurer	Kenneth Levine	1000 Harbor Blvd.	Weehawken, NJ 07087	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Levine 4-23-99 (201) 902-4323

Date

Daytime Phone #

CR2E034 (12/95)