

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 850431 (8)

1. Corporation Name

THIRD INCOME PROPERTIES, INC.

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
09/21/1981

3a. Date of Last Report
05/01/1999

4. FEI Number
13-3035818

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

(This was already changed on
1998 annual report)

10. Name and Address of New Registered Agent

81 Name Corporation Service Co.

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

83 1201 Hays St.

84 City Tallahassee

85 FL 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

TITLE VP
NAME ARNOLD, WALTER V
STREET ADDRESS 1000 HARBOR BLVD.
CITY-ST-ZIP WEEHAWKEN NJ

TITLE S
NAME HAUGHEY, DOROTHY F.
STREET ADDRESS 1000 HARBOR BLVD.
CITY-ST-ZIP WEEHAWKEN NJ

TITLE T
NAME MEDLOCK, TIMOTHY J
STREET ADDRESS 1000 HARBOR BLVD.
CITY-ST-ZIP WEEHAWKEN NJ

TITLE P
NAME COHEN, LAWRENCE A
STREET ADDRESS 1000 HARBOR BLVD.
CITY-ST-ZIP WEEHAWKEN NJ

TITLE D
NAME PRATT, ALBERT
STREET ADDRESS 1000 HARBOR BLVD.
CITY-ST-ZIP WEEHAWKEN NJ

TITLE AT
NAME DEVICO, LOUIS
STREET ADDRESS 1000 HARBOR BLVD.
CITY-ST-ZIP WEEHAWKEN NJ

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 President
4.3 STREET ADDRESS Bruce J. Rubin
4.4 CITY-ST-ZIP 1000 Harbor Blvd.
Weehawken, NJ 07087

5.1 TITLE ☒ Change ☒ Addition
5.2 NAME Director
5.3 STREET ADDRESS Terrence E. Fancher
5.4 CITY-ST-ZIP 1000 Harbor Blvd.
Weehawken, NJ 07087

6.1 TITLE ☒ Change ☒ Addition
6.2 NAME Asst. Treasurer
6.3 STREET ADDRESS Kenneth Levine
6.4 CITY-ST-ZIP 1000 Harbor Blvd.
Weehawken, NJ 07087

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)