FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 12:01

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 851835 (9)

1. Corporation Name

THE PADDINGTON CORPORATION

Principal Place of Business	Mailing Address
ONE PARKER PLAZA FT LEE NJ 07024	ONE PARKER PLAZA FT LEE NJ 07024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/11/1982
3a. Date of Last Report: 04/26/1994
4. FEI Number: 51-0255120 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	VT	TITLE	☐ Change ☐ Addition
NAME	BUSCH, ROGER L.	NAME	
STREET ADDRESS	145 BEDFORD ROAD	STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT	CITY-ST-ZIP	
TITLE	~~S~~	TITLE	☑ Change ☐ Addition
NAME	~~BRESLIN, EMILY K.~~	NAME	
STREET ADDRESS	~~27 HARTSHORN DR.~~	STREET ADDRESS	
CITY-ST-ZIP	~~COLTS NECK NJ~~	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	FUREK, ROBERT M.	NAME	
STREET ADDRESS	MUNSON ROAD	STREET ADDRESS	
CITY-ST-ZIP	FARMINGTON CT	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	GASSMAN, ROBERT S.	NAME	
STREET ADDRESS	200 EAST 57TH STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	MCKENNA, JOSEPH P.	NAME	
STREET ADDRESS	15 LANTERN LANE	STREET ADDRESS	
CITY-ST-ZIP	RAMSEY NJ	CITY-ST-ZIP	
TITLE	~~PDC~~	TITLE	PDC ☑ Change ☐ Addition
NAME	~~SEAWRIGHT, G. WILLIAM~~	NAME	FOGLIO, ANTHONY P.
STREET ADDRESS	~~17 KIRA LANE~~	STREET ADDRESS	20 Armand Pl.
CITY-ST-ZIP	~~ENGLEWOOD NJ~~	CITY-ST-ZIP	Ridgefield, CT 06877

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)(i), 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: Anthony P. Foglio 4/27/95 201-592-3701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073200