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Apr 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 851835 (9)

THE PADDINGTON CORPORATION



Principal Place of Business
ONE PARKER PLAZA
FT. LEE NJ 07024

Mailing Address
ONE PARKER PLAZA
FT. LEE NJ 07024-2937

3. Date Incorporated or Qualified 02/11/1982
3a. Date of Last Report 06/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	51-0255120	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 Country	29 Country	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

C T CORPORATION SYSTEM
1200 SOUTH 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 617.0502 and 617.1508, 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 617.0503, 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	
TITLE	VPF	1.1 TITLE	GERALD RUVO
NAME	HANWORTH, PAUL R	1.2 NAME	VP- SALES
STREET ADDRESS	300 PROSPECT AVENUE, APT 8E	1.3 STREET ADDRESS	5 SHARP HILL LN
CITY-ST-ZIP	HACKENSACK NJ	1.4 CITY-ST-ZIP	RIDGEFIELD, CT 06877
TITLE	PDC	2.1 TITLE	MARK TEASDALE
NAME	FOGLIO, ANTHONY P	2.2 NAME	VP- MARKETING
STREET ADDRESS	20 ARMAND PL	2.3 STREET ADDRESS	660 SUMMIT AVENUE
CITY-ST-ZIP	RIDGEFIELD CT	2.4 CITY-ST-ZIP	WESTFIELD, NJ 07090
TITLE	D	3.1 TITLE	KEITH GREGG
NAME	FUREK, ROBERT M.	3.2 NAME	VP. BUS DEV. & OPERATIONS
STREET ADDRESS	MUNSON ROAD	3.3 STREET ADDRESS	197 HILLCREST AVE
CITY-ST-ZIP	FARMINGTON CT	3.4 CITY-ST-ZIP	WYCKOFF, NJ 07481
TITLE	D	4.1 TITLE	
NAME	GASSMAN, ROBERT S.	4.2 NAME	
STREET ADDRESS	200 EAST 57TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	VPF
NAME	MCKENNA, JOSEPH P.	5.2 NAME	Hanworth, Paul R
STREET ADDRESS	15 LANTERN LANE	5.3 STREET ADDRESS	14 Homestead Rd.
CITY-ST-ZIP	RAMSEY NJ	5.4 CITY-ST-ZIP	Tenafly, NJ 07670
TITLE		6.1 TITLE	DIRECTOR
NAME		6.2 NAME	CHARLES PHILLIPS
STREET ADDRESS		6.3 STREET ADDRESS	450 Columbus Blvd.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Hartford, CT 06103

14. I do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE 3/2/97 (201) 592-5636

CR2E037 (9/96)