

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **855864** (5)
 1. Corporation Name
CUSTODIS-COTTRELL, INC.



Principal Place of Business Mailing Address
U.W. 22 WEST P.O. BOX 1500 (SOMERVILLE, NJ 08876) BRANCHBURG NJ 08876
U.W. 22 WEST P.O. BOX 1500 (SOMERVILLE, NJ 08876) BRANCHBURG NJ 08876

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 1 Pierce Place		26 PO Box 1500		03/23/1983	04/24/1995
Suite, Apt #, etc.		Suite, Apt #, etc.		4. FEI Number	Applied For
22 Suite 1500W		27		22-2103022	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23 Itasca IL		28 Somerville NJ		<input type="checkbox"/>	<input type="checkbox"/>
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 60143	25	29 08876	30	<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				7. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City		85 Zip Code	
		FL			

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: _____ (NOTE: Registered Agent's signature required when must change) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P SOWIZAL, JOHN C.	12 NAME	
STREET ADDRESS	1 PIERCE PLACE SUITE 1500 W.	13 STREET ADDRESS	
CITY - ST - ZIP	ITASCA IL 60143	14 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP HAVERLUCK, HARVEY	22 NAME	
STREET ADDRESS	1 PIERCE PLACE SUITE 1500W	23 STREET ADDRESS	
CITY - ST - ZIP	ITASCA IL 60143	24 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	31 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S WATKINS, JIMMY C.	32 NAME	Fritz, Wayne
STREET ADDRESS	US HIGHWAY 22 W	33 STREET ADDRESS	1 Pierce Place Suite 1500 W
CITY - ST - ZIP	BRANCHBURG NJ 08876	34 CITY - ST - ZIP	ITASCA IL 60143
TITLE	<input checked="" type="checkbox"/> DELETE	41 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T QUINN, ANN C.	42 NAME	Vidal, Joseph
STREET ADDRESS	U.S. HIGHWAY 22 WEST	43 STREET ADDRESS	US Highway 22 W
CITY - ST - ZIP	BRANCHBURG NJ 08876	44 CITY - ST - ZIP	Branchburg NJ 08876
TITLE	<input checked="" type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D BRUNAIS, ALAIN	52 NAME	
STREET ADDRESS	U.S. HIGHWAY 22 WEST	53 STREET ADDRESS	
CITY - ST - ZIP	BRANCHBURG NJ 08876	54 CITY - ST - ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	61 TITLE	Assistant Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AT MOZER, MARGHERITA C.	62 NAME	Quinn, Ann
STREET ADDRESS	U.S. HIGHWAY 22 WEST	63 STREET ADDRESS	US Highway 22 W
CITY - ST - ZIP	BRANCHBURG NJ	64 CITY - ST - ZIP	Branchburg NJ 08876

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne M. Fritz 7/2/96 708-875-3305
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DIGITAL PHOTO

CR2E034 (3/96)