

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

**APPROVED AND FILED**

**95 MAY -2 AM 9:09**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**DOCUMENT # 857233 (1)**

**1. Corporation Name  
EDWARD WECK, INCORPORATED**

**Principal Place of Business Mailing Address  
TAX DEPARTMENT - 10TH FLOOR P.O. BOX 225, FDR STATION NEW YORK NY 10150  
TAX DEPARTMENT - 10TH FLOOR P.O. BOX 225, FDR STATION NEW YORK NY 10150**

DO NOT WRITE IN THIS SPACE

**3. Date Incorporated or Qualified 07/27/1983** **3a. Date of Last Report 03/01/1994**  
**4. FEI Number 11-2005538** **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 2a. Mailing Address**  
**21** **26**  
**22** Suite, Apt. #, etc. **27** Suite, Apt. #, etc.  
**23** City & State **28** City & State  
**24** Zip **25** Country **29** Zip **30** Country

**9. Name and Address of Current Registered Agent** **10. Name and Address of New Registered Agent**  
**C T CORPORATION SYSTEM** **1200 S. PINE ISLAND RD. PLANTATION FL 33324**  
**B1** Name  
**B2** Street Address (P.O. Box Number is Not Acceptable)  
**B3**  
**B4** City **FL** **B5** 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** Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>PD</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>KEMPSELL, GEORGE P</b>	<b>1.2 NAME</b>	<b>400001473984</b>
<b>STREET ADDRESS</b>	<b>WECK DRIVE, RESEARCH TRIANGLE PARK</b>	<b>1.3 STREET ADDRESS</b>	<b>-05/03/95--01149--003</b>
<b>CITY - ST - ZIP</b>	<b>NORTH CAROLINA</b>	<b>1.4 CITY - ST - ZIP</b>	<b>****200.00 ****200.00</b>
<b>TITLE</b>	<b>-0-</b>	<b>2.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>KAGA, PAMELA D.</b>	<b>2.2 NAME</b>	<b>S</b>
<b>STREET ADDRESS</b>	<b>345 PARK AVENUE</b>	<b>2.3 STREET ADDRESS</b>	<b>BRENNAN, ALICE C.</b>
<b>CITY - ST - ZIP</b>	<b>NEW YORK NY</b>	<b>2.4 CITY - ST - ZIP</b>	<b>345 PARK AVENUE</b>
<b>TITLE</b>	<b>VT</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BAINES, HARRISON M., JR.</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>345 PARK AVENUE</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>NEW YORK NY</b>	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>-0-</b>	<b>4.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>FLATLEY, WILLIAM F.</b>	<b>4.2 NAME</b>	<b>D</b>
<b>STREET ADDRESS</b>	<b>345 PARK AVENUE</b>	<b>4.3 STREET ADDRESS</b>	<b>MEZZAPELLE, DOMINIC</b>
<b>CITY - ST - ZIP</b>	<b>NEW YORK NY</b>	<b>4.4 CITY - ST - ZIP</b>	<b>345 PARK AVENUE</b>
<b>TITLE</b>	<b>V</b>	<b>5.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>BANTHAM, RUSSEL</b>	<b>5.2 NAME</b>	<b>DV</b>
<b>STREET ADDRESS</b>	<b>345 PARK AVENUE</b>	<b>5.3 STREET ADDRESS</b>	<b>MEE, MICHAEL F.</b>
<b>CITY - ST - ZIP</b>	<b>NEW YORK NY</b>	<b>5.4 CITY - ST - ZIP</b>	<b>345 PARK AVENUE</b>
<b>TITLE</b>	<b>V</b>	<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>ZABOR, DAVID L.</b>	<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>345 PARK AVENUE</b>	<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>NEW YORK NY</b>	<b>6.4 CITY - ST - ZIP</b>	

**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:** *Alice C. Brennan* **Alice C. Brennan** **1/20/95**  
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Secretary Date System Fee