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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90126 016 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 857233
 1. Corporation Name
EDWARD WECK, INCORPORATED

Principal Place of Business TAX DEPARTMENT 3RD FLOOR 345 PARK AVENUE NEW YORK NY 10154 US	Mailing Address TAX DEPARTMENT - 10TH FLOOR P.O. BOX 225, FDR STATION NEW YORK NY 10150
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 Tax Department -3rd Floor
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 345 Park Avenue
City & State 23	City & State 28 New York, New York
Zip 24	Country 29 10154 30 US

3. Date Incorporated or Qualified 07/27/1983	
4. FEI Number 11-2005538	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KEMPSELL, GEORGE P	
STREET ADDRESS	WECK DRIVE, RESEARCH TRIANGLE PARK	
CITY-ST-ZIP	NORTH CAROLINA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRENNAN, ALICE C.	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	BAINES, HARRISON M., JR.	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEZZAPELLE, DOMINIC	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MEE, MICHAEL F.	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ZABOR, DAVID L.	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alice C. Brennan* Alice C. Brennan (212) 546-4053
 SECRETARY Date Daytime Phone #

CR2E034 (1/1/98)

JAN 15 1999