

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED

97 DEC 29 AM 10:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
B93000000200

NATIONAL DISTRIBUTION CENTERS, L.P., LIMITED PARTNERSHIP

98-AR CM



Mailing Address

71 WEST PARK AVENUE  
VINELAND NJ 08360

Principal Office Address

71 WEST PARK AVENUE  
VINELAND NJ 08360

3. Date Formed or Registered

05/05/1993

5a. Capital Contributions as Shown on record.

\$1,000.00

3a. Date of Last Report

11/04/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

22-3215787

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

NATIONAL DISTRIBUTION CENTER

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

71 WEST PARK AVENUE

11b. City, State & Zip Code

VINELAND NJ 08360

11c. Registration/Document Number

F93000001828

200002399442--7  
-01/14/98--01031-011  
\*\*\*\*156.25 \*\*\*\*156.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 192, Florida Statutes.

SIGNATURE

*Ernest Szekler*

Vice-President / CFO

DATE

12/23/97

Typed or Printed Name of General Partner Signing Form

ERNEST SZEKLER

Daytime Telephone Number

(609) 691-7000

CR2E003 (6/97)