
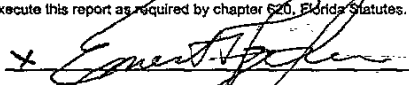


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 NOV 30 AM 9:17 mtm 12/3	
1. Name of Limited Partnership		1a. DOCUMENT # B93000000200			
NATIONAL DISTRIBUTION CENTERS, L.P., LIMITED PARTNERSHIP					
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 12/29/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation DE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 22-3215787	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country		Zip Country		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
NATIONAL DISTRIBUTION CENTER	71 WEST PARK AVENUE	VINELAND NJ 08360	F93000001828		
600002707756--3 -12/09/98--01091--004 ****141.25 ****141.25					
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 620, Florida Statutes.					
SIGNATURE  VISA - PRUDENTIAL / CFO DATE 11-17-98					
Typed or Printed Name of General Partner Signing Form RANIK SZAKKA Daytime Telephone Number (609) 691-7000					

CR2E003 (8/98)