

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F62659** (0)

1. Corporation Name
GOVERNOR'S SQUARE FOOTACTION, INC.

Principal Place of Business

**933 MACARTHUR BLVD
MAHWAH NJ 07430
US**

Mailing Address

**933 MACARTHUR BLVD
MAHWAH NJ 07430
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1982

4. FEI Number

04-2761257

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 **GOVERNOR'S SQ. MALL**
Suite, Apt. #, etc.

22 **SPACE #1055**
City & State

23 **TALLAHASSEE, FL**
Zip Country

24 **32301** 25 **USA**

26. Mailing Address

26 **7880 BENT BRANCH DR.**
Suite, Apt. #, etc.

27 **SUITE #100**
City & State

28 **IRVING, TX**
Zip Country

29 **75063** 30 **USA**

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BAHLMAN, GERALD	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ANDERSON, THEODORE L.	
STREET ADDRESS	67 MILLBROOK ST	
CITY-ST-ZIP	WORCESTER, MA 00000	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBINSON, J M	
STREET ADDRESS	933 MACARTHUR BLVD	
CITY-ST-ZIP	MAHWAH NJ	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LUCEY, EDWARD J	
STREET ADDRESS	67 MILL BROOK STREET	
CITY-ST-ZIP	WORCESTER MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RALPH T. PARKS	
1.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
1.4 CITY-ST-ZIP	IRVING, TX 75063	
2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CHARLES M. ALBERT	
2.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
2.4 CITY-ST-ZIP	IRVING, TX 75063	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARK W. MAYER	
3.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
3.4 CITY-ST-ZIP	IRVING, TX 75063	
4.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NANCY L. WINTON	
4.3 STREET ADDRESS	7880 BENT BRANCH DR. #100	
4.4 CITY-ST-ZIP	IRVING, TX 75063	
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.

SIGNATURE:



EDWARD J. LUCEY 2-3-98 972-511-5000

CR2E034 (10/97)