FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # **F90360** (1)

1. Corporation Name

H I VENTURE ONE, INC.

Principal Place of Business	Mailing Address
424 KNIGHTS RUN AVE. TAMPA FL 33602 US	300 BENEFICIAL CENTER PEAPACK NJ 07977 US

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 07/08/1982
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2217737 ☐ 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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 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 ______ DATE ______

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MCGOUGH, THOMAS P.
STREET ADDRESS	301 N. WALNUT ST.
CITY-ST-ZIP	WILMINGTON DE
TITLE	VD
NAME	KIZIAH, WILLARD E
STREET ADDRESS	300 BENEFICIAL CENTER
CITY-ST-ZIP	PEAPACK NJ
TITLE	S
NAME	CAULFIELD, EILEEN F.
STREET ADDRESS	301 N. WALNUT ST.
CITY-ST-ZIP	WILMINGTON DE
TITLE	VD
NAME	COOK, M. F
STREET ADDRESS	300 BENEFICIAL CTR.
CITY-ST-ZIP	PEAPACK NJ
TITLE	D
NAME	CASPERSEN, FINN M. W.
STREET ADDRESS	301 N. WALNUT ST.
CITY-ST-ZIP	WILMINGTON DE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE		☐ Change ☐ Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE		☐ Change ☐ Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	SECRETARY	☒ Change ☐ Addition
3 NAME	MATTHEW J. BROAS	
3 STREET ADDRESS	700 Beneficial Center	
3 CITY-ST-ZIP	Peapack, NJ 07977	
4 TITLE	VICE PRESIDENT/ASSIST. SEC.	☒ Change ☐ Addition
4 NAME	SCOTT K. RHINEHART	
4 STREET ADDRESS	300 BENEFICIAL CENTER	
4 CITY-ST-ZIP	PEAPACK, NJ 07977	
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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)(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: [signature] S.K. RHINEHART, VP 4/24/95 (908) 781-3381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0394971 FP