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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90102 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F930000000386

1. Corporation Name

LAMAR ASSET MANAGEMENT AND REALTY, INC.

Principal Place of Business

365 SOUTH STREET
MORRISTOWN NJ 07960

Mailing Address

365 SOUTH STREET
MORRISTOWN NJ 07960

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/27/1993

4. FEI Number

22-3113213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALKUS, MARK	1.2 NAME	
STREET ADDRESS	365 SOUTH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANG, LARRY	2.2 NAME	
STREET ADDRESS	365 SOUTH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960	2.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUINN, JACQUELYN S	3.2 NAME	
STREET ADDRESS	365 SOUTH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960	3.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALKUS, PETER	4.2 NAME	
STREET ADDRESS	365 SOUTH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07960	4.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSS, CORY D.	5.2 NAME	
STREET ADDRESS	365 SOUTH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	5.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERMAN, LAVINA	6.2 NAME	
STREET ADDRESS	365 SOUTH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	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, upon an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

973-285-0660

CR2E034 (1/98)