

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
FILED**

95 MAY 17 AM 8:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F93000001041 (3)
1. Corporation Name
CH&A, A TEXAS CORPORATION

Principal Place of Business Mailing Address

GAB BUSINESS SERVICES, INC.
9 CAMPUS DR.
PARSIPPANY NJ 07054

GAB BUSINESS SERVICES, INC.
9 CAMPUS DR.
PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1993	3a. Date of Last Report 11/21/1994
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 74-2060190	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature typed or printed name of registered agent and title if applicable (P.337E) Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRADDOCK, J R	1.2 NAME	
STREET ADDRESS	8218 NORTH PARK DRIVE	1.3 STREET ADDRESS	2319 Kings Forest
CITY - ST - ZIP	KINGWOOD TX	1.4 CITY - ST - ZIP	Kingwood, TX 77339
TITLE	ROBERTS, CARTER Vice President	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CARTER	2.2 NAME	O. John Jacobus
STREET ADDRESS	9 CAMPUS DRIVE	2.3 STREET ADDRESS	2943 Kings Forrest Dr.
CITY - ST - ZIP	PARSIPPANY NJ	2.4 CITY - ST - ZIP	Kingwood, TX 77339
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, R H	3.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY NJ	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARDEN, JOHN F	4.2 NAME	
STREET ADDRESS	9 CAMPUS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY NJ	4.4 CITY - ST - ZIP	
TITLE	ROBERTS, CARTER Director	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, CARTER	5.2 NAME	Director Walter R. Raifel, Jr.
STREET ADDRESS	9 CAMPUS DRIVE	5.3 STREET ADDRESS	2515 Deer Mountain Court
CITY - ST - ZIP	PARSIPPANY NJ	5.4 CITY - ST - ZIP	Kingwood, TX 77345
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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 110.07(3)(k), 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 of this report, and, when an attachment with an address.

SIGNATURE:  DATE: 5/11/95 201-993-3429
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CH&A CORPORATION
9 Campus Drive
Linden Plaza
Parsippany, New Jersey 07054

FEIN # 74-2060190

EG3-1041

J. Roger Craddock	President	2319 Kings Forest Kingwood, TX 77339
O. John Jacobus	Vice President	2943 Kings Forrest Dr. Kingwood, TX 77339
Valerie Young	Vice President	2910 Holly Green Kingwood, TX 77339
Daniel W. Heyers	Vice President	3652 Finger Creek Dr. Lilburn, GA 30427
R. Howard Hopkins	Secretary	#17 Kitchell Rd. Convent Station, NJ 07961
John F. Darden	Treasurer	20 Liberty Corner Rd. Far Hills, NJ 07931

DIRECTORS

Walter R. Reifel, Jr.	2515 Deer Mountain Court Kingwood, Tx 77345
John F. Darden	20 Liberty Corner Rd. Far Hills, NJ 07931
J. Roger Craddock	2319 Kings Forest Kingwood, TX 77339