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Feb 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000002549 (4)

1. Corporation Name  
ANAQUEST INC.

Principal Place of Business  
575 MOUNTAIN AVENUE  
MURRAY HILL NJ 07974

Mailing Address  
575 MOUNTAIN AVENUE  
MURRAY HILL NJ 07974-2097



3. Date Incorporated or Qualified  
06/01/1993

3a. Date of Last Report  
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 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 DVPS  
NAME BONNES, CHARLES A  
STREET ADDRESS 575 MOUNTAIN AVENUE  
CITY - ST - ZIP MURRAY HILL NJ 07974

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE DAS  
NAME BLAKE, JAMES P  
STREET ADDRESS 575 MOUNTAIN AVENUE  
CITY - ST - ZIP MURRAY HILL NJ 07974

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE P  
NAME STOLL, ROGER G  
STREET ADDRESS 110 ALLEN ROAD  
CITY - ST - ZIP LIBERTY CORNER NJ 07938

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE T  
NAME SYMANSKI, ROBERT A  
STREET ADDRESS 575 MOUNTAIN AVE.  
CITY - ST - ZIP MURRAY HILL NJ

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE AT  
NAME BOYCE, JAMES A  
STREET ADDRESS 575 MOUNTAIN AVE.  
CITY - ST - ZIP MURRAY HILL NJ

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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: J. A. Boyce  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
BOYCE, ASST. TREASURER 1/24/97 908-665-2400

CR2E034 (9/96)