

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004255 (6)

1. Corporation Name

WALSH PROPERTY, INC. OF NEW JERSEY

Principal Place of Business

Mailing Address

4 CAMPUS DR.
PARSIPPANY NJ 07054

4 CAMPUS DR.
PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1993		3a. Date of Last Report 08/06/1996	
21		26		4. FEI Number 22-3270407		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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	V	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHLESINGER, FRED			1.2 NAME			
STREET ADDRESS	120 GRANDVIEW AVE.			1.3 STREET ADDRESS			
CITY-ST-ZIP	N. CALDWELL NJ 07006			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ISBRANDTSEN, JOHN			2.2 NAME	ISBRANDTSEN, JOHN		
STREET ADDRESS	37 RALSEY RD. S			2.3 STREET ADDRESS	664 King Road		
CITY-ST-ZIP	STAMFORD CT 06902			2.4 CITY-ST-ZIP	Franklin Lakes, NJ 07417		
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COHN, ARNOLD J			3.2 NAME	COHN, ARNOLD J.		
STREET ADDRESS	21 CLOVER HILL DR.			3.3 STREET ADDRESS	5 Village Court		
CITY-ST-ZIP	FLNDERS NJ 07836			3.4 CITY-ST-ZIP	Randolph, NJ 07869		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				4.2 NAME	WALSH, JAMES		
STREET ADDRESS				4.3 STREET ADDRESS	10 Sherwood, Ct.		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Warren, NJ 07024		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				5.2 NAME	GILGAR, ARTHUR E.		
STREET ADDRESS				5.3 STREET ADDRESS	16 Spruce Rd.		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	N. Caldwell, NJ 07006		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME				6.2 NAME	PD		
STREET ADDRESS				6.3 STREET ADDRESS	WALSH, ROBERT C.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	46 Laura Lane		
					harding, NJ 07960		

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

SIGNATURE REQUIRED

President/Director 201-538-9300

CR2E034 (4/97)