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Mar 06 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 # F94000000276 (5)

1. Corporation Name  
JDR RECOVERY CORPORATION

Principal Place of Business  
500 N FRANKLIN TPK  
RAMSEY NJ 07446  
US

Mailing Address  
P.O. BOX 585  
RAMSEY NJ 07446-0585  
US



3. Date Incorporated or Qualified 01/20/1994 3. Date of Last Report 01/30/1996

|  |   |  |  |  |  |
|--|---|--|--|--|--|
| 2. Principal Place of Business<br>21 500 N. Franklin Tpk.<br>Suite, Apt. #, etc.<br>22 City & State<br>Ramsey, NJ<br>23 Zip<br>07446 | 2a. Mailing Address<br>26 P.O. BOX 585<br>Suite, Apt. #, etc.<br>27 City & State<br>Ramsey, NJ<br>28 Zip<br>07446 | 4. FEI Number<br>13-3048512<br>Applied For<br>Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|--|--|--|--|

|  |   |
|--|---|
| 9. Name and Address of Current Registered Agent<br>CT CORPORATION SYSTEM<br>1200 S. PINE ISLAND RD.<br>PLANTATION FL 33324 | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | PD                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | D'ANNA, DAVID E       | 1.2 NAME  |  |
| STREET ADDRESS             | 500 N. FRANKLIN TPKE. | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | RAMSEY NJ             | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | S                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HANLEY, NEIL J        | 2.2 NAME  |  |
| STREET ADDRESS             | 500 N. FRANKLIN TPKE. | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | RAMSEY NJ 07446       | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | T                     | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | PORTA, JOHN           | 3.2 NAME  |  |
| STREET ADDRESS             | 500 N FRANKLIN TPKE   | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | RAMSEY NJ             | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | V                     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GRANT, BARRY          | 4.2 NAME  |  |
| STREET ADDRESS             | 500 N FRANKLIN TPKE   | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | RAMSEY NJ             | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 5.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                       | 5.2 NAME  | EXECUTIVE VICE President   |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    | STEVEN BURNS   |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       | 500 N. FRANKLIN TPK.   |
| TITLE                      |                       | 6.1 TITLE   | Ramsey, NJ 07446   |
| 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information provided 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 or on an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97 201-812-3800

CR2E034 (9/96)