

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Feb 03 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000276 (5)**  
 1. Corporation Name  
**JDR RECOVERY CORPORATION**



Principal Place of Business <b>500 NO FRANKLIN TPK. RAMSEY NJ 07448 US</b>	Mailing Address <b>POST OFFICE BOX 585 RAMSEY NJ 07448 US</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>01/20/1994</b>	
<b>4.</b> FEI Number <b>13-3046512</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND RD.  
 PLANTATION FL 33324**

**10. Name and Address of New Registered Agent**

<b>81</b> Name	
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>83</b>	
<b>84</b> City	<b>85</b> 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**

TITLE	<del>PO CFO</del>	<input type="checkbox"/> DELETE
NAME	<b>D'ANNA, DAVID E</b>	
STREET ADDRESS	<b>500 N. FRANKLIN TPKE. RAMSEY NJ</b>	
CITY-ST-ZIP		
TITLE	<del>PRESIDENT</del>	<input type="checkbox"/> DELETE
NAME	<b>HANLEY, NEIL J</b>	
STREET ADDRESS	<b>500 N. FRANKLIN TPKE. RAMSEY NJ 07448</b>	
CITY-ST-ZIP		
TITLE	<del>T/SECRETARY</del>	<input type="checkbox"/> DELETE
NAME	<b>PORTA, JOHN</b>	
STREET ADDRESS	<b>500 N FRANKLIN TPKE RAMSEY NJ</b>	
CITY-ST-ZIP		
TITLE	<del>V</del>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GRANT, BARRY</b>	
STREET ADDRESS	<b>500 N FRANKLIN TPKE RAMSEY NJ</b>	
CITY-ST-ZIP		
TITLE	<del>VD</del>	<input type="checkbox"/> DELETE
NAME	<b>BURNS, STEVEN</b>	
STREET ADDRESS	<b>500 NO FRANKLIN TERRACE RASMEY NJ</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.1</b> TITLE
<b>1.2</b> NAME
<b>1.3</b> STREET ADDRESS
<b>1.4</b> CITY-ST-ZIP
<b>2.1</b> TITLE
<b>2.2</b> NAME
<b>2.3</b> STREET ADDRESS
<b>2.4</b> CITY-ST-ZIP
<b>3.1</b> TITLE
<b>3.2</b> NAME
<b>3.3</b> STREET ADDRESS
<b>3.4</b> CITY-ST-ZIP
<b>4.1</b> TITLE
<b>4.2</b> NAME
<b>4.3</b> STREET ADDRESS
<b>4.4</b> CITY-ST-ZIP
<b>5.1</b> TITLE
<b>5.2</b> NAME
<b>5.3</b> STREET ADDRESS
<b>5.4</b> CITY-ST-ZIP
<b>6.1</b> TITLE
<b>6.2</b> NAME
<b>6.3</b> STREET ADDRESS
<b>6.4</b> CITY-ST-ZIP

*(SEE ATTACHED)*

**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, or on an attachment with an address.

CR2E034 (10/97)

***JDR Recovery Corporation***  
***(100% owned by JDR Holdings, Inc.)***

***Officers***

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***Address***

<b>Neil Hanley - President</b>	<b>5 Seton Lane, Mahwah, NJ 07430</b>
<b>Steven Burns - Vice President</b>	<b>49 Barrett Lane, Wyckoff, NJ 07481</b>
<b>Steven R. Boggs - Vice President</b>	<b>13380 Driftwood, Victorville, CA 92392</b>
<b>John Porta - Secretary</b>	<b>19 Hidden Valley, Suffern, NY 10901</b>

***JDR Holdings, Inc.***

***Directors***

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***Address***

<b>David E. D'Anna - President</b>	<b>30 Trotters Lane, Mahwah, NJ 07446</b>
<b>Steven Burns - Exc. Vice President</b>	<b>49 Barrett Lane, Wyckoff, NJ 07481</b>
<b>Gary Neems - Director</b>	<b>55 West Stamford, CT 06903</b>
<b>Mitchell Hollin - Director</b>	<b>314 Centennial Drive, Blue Bell, PA 19422</b>
<b>John Porta - Secretary</b>	<b>19 Hidden Valley, Suffern, NY 10901</b>