


FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90121 043 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999 	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F95000001569 1. Corporation Name THMN, INC.	



Principal Place of Business 6 SYLVAN WAY PARSIPPANY NJ 07054 US		Mailing Address 6 SYLVAN WAY PARSIPPANY NJ 07054 US		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/31/1995	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For		
21 6 Sylvan Way	26 6 Sylvan Way	36-4004323	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees		
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <input type="checkbox"/>		
City & State	City & State	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			
23 Parsippany, NJ	28 Parsippany, NJ				
Zip	Country	Zip	Country		
24 07054	25 USA	29 07054	30 USA		

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MONACO, MICHAEL P	1.2 NAME	Richard A. Smith
STREET ADDRESS	6 SYLVAN WAY	1.3 STREET ADDRESS	6 Sylvan Way
CITY-ST-ZIP	PARSIPPANY NJ 07054	1.4 CITY-ST-ZIP	Parsippany, NJ 07054
TITLE	DSEV <input type="checkbox"/> DELETE	2.1 TITLE	V.P. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUCKMAN, JAMES E	2.2 NAME	Philipp, Birgit
STREET ADDRESS	6 SYLVAN WAY	2.3 STREET ADDRESS	6 Sylvan Way
CITY-ST-ZIP	PARSIPPANY NJ 07054	2.4 CITY-ST-ZIP	Parsippany, NJ 07054
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MURPHY, JEANNE M	3.2 NAME	
STREET ADDRESS	6 SYLVAN WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ 07054	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRIDLER, TERRY E	4.2 NAME	
STREET ADDRESS	6 SYLVAN WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ 07054	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLMES, STEPHEN P	5.2 NAME	
STREET ADDRESS	6 SYLVAN WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ 07054	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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, with all other like empowered.

SIGNATURE:

Birgit S. Philipp
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

Date

(973) 496-5036

Daytime Phone #

CR2E034 (11/98)