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FILED

Apr 04 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 # F96000000107 (0)

1. Corporation Name

RIVERTON MANAGEMENT CONSULTING GROUP, INC.



Principal Place of Business

303 E. BROAD ST  
PALMYRA NJ 08065

Mailing Address

303 E. BROAD ST  
PALMYRA NJ 08065-1607

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

01/05/1996

3a. Date of Last Report

4. FEI Number

22-2571884

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CONNALLY, GERLAD E  
12734 KENWOOD LANE SW, SUITE 96  
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name GERALD E. CONNALLY  
82 Street Address (P.O. Box Number is Not Acceptable)  
8931 CONFERENCE DRIVE  
83 SUITE 6  
84 City FORT MYERS FL 85 Zip Code 33919

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

GERALD E. CONNALLY

3/25/97

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	CROWLEY, KATHRYN E	
STREET ADDRESS	106 MONTICELLO DR	
CITY - ST - ZIP	CINNAMINSON NJ 08077	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONNALLY, GERLAD E	
STREET ADDRESS	1920 VIRGINIA AVE	
CITY - ST - ZIP	FORT MYERS FL 33901	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	OVERHOLT, MILES H III	
STREET ADDRESS	400 HIGHWAY	
CITY - ST - ZIP	RIVERTON NJ 08077	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	PRAGER, KENNETH P	
STREET ADDRESS	498 MEETINGHOUSE LANE	
CITY - ST - ZIP	MEDIA PA 19063	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or both, as changed or added, in an address.

SIGNATURE: KATHRYN E. CROWLEY President

3/25/97 609-786-9355

CR2E034 (9/96)