

FILED

May 15 1997 8:00am
Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000002186 (2)

1. Corporation Name
BOLLINGER FOWLER CO.

Principal Place of Business 830 MORRIS TURNPIKE SHORT HILLS NJ 07078	Mailing Address 830 MORRIS TURNPIKE SHORT HILLS NJ 07078-3630
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/01/1996	3a. Date of Last Report
4. FEI Number 22-0781130	Applied For Not Applied
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. 199.03, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent INSURANCE COMMISSIONER CAPITOL TALLAHASSEE FL 32399-0300	10. Name and Address of New Registered Agent 81 Name Corporation Service Company 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Nays Street 83 84 City Tallahassee FL 85 Zip 32301
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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 *James J. Murphy* ASST VP DATE 5/15/97
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WINDOLF, JOHN A FEATHERBED LN NEW VERNON NJ 07876 ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change ☐ Add ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC WINDOLF, MURIEL B FEATHERBED LN NEW VERNON NJ 07876 ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change ☐ Add ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOWLER, RICHARD C JR 54 LAURA LN MORRISTOWN NJ 07960 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change ☐ Add ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CODDINGTON, CHANDLER F JR 141 OAKWOOD DR MURRAY HILL NJ 07976 ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change ☐ Add ☒
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JENKINS, DONALD E 415 PLAZA DR WOODBRIIDGE NJ 07095 ☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change ☐ Add ☐
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change ☐ Add ☐

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: *Richard C. Fowler, Jr.* DATE 1/2/97 201-462-0444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR