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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F96000002413 (0)**

1. Corporation Name
FMCI CORPORATION

Principal Place of Business
1013 CENTRE ROAD
WILMINGTON DE 19805

Mailing Address
1013 CENTRE ROAD
WILMINGTON DE 19805-1265

3. Date Incorporated or Qualified: **05/14/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 3300 GATEWAY DRIVE
Suite, Apt. #, etc.
22
City & State: 23 POMPANO BEACH, FL
Zip: 24 33069 Country: 25 USA

2a. Mailing Address
26 3300 GATEWAY DRIVE
Suite, Apt. #, etc.
27
City & State: 28 POMPANO BEACH, FL
Zip: 29 33069 Country: 30 USA

4. FEI Number: ~~APPLIED FOR~~ 65-0664159 ☐ 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
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name: GLENN HETZEL, ~~FIRST MARKETING COMPANY~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~3300 GATEWAY DRIVE~~ FIRST MARKETING COMPANY
83 3300 GATEWAY DRIVE
84 City: POMPANO BEACH FL 85 Zip Code: 33069

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: Glenn D. Hetzel, GLENN G. HETZEL, SECRETARY DATE: 3/12/97
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CP	☒ DELETE	1.1 TITLE: D	☐ Change ☒ Addition
NAME: THOMAS, IAN		1.2 NAME: E. ROE STAMPS	
STREET ADDRESS: 500 PLAZA DR.		1.3 STREET ADDRESS: 600 ATLANTIC AVE, SUITE 2800	
CITY-ST-ZIP: SECAUCUS NJ 07094		1.4 CITY-ST-ZIP: BOSTON, MA 02210	
TITLE: DS	☒ DELETE	2.1 TITLE: ERNEST K. JACQUET → D	☐ Change ☒ Addition
NAME: HORBACZEWSKI, HENRY Z		2.2 NAME:	
STREET ADDRESS: 275 WASHINGTON ST.		2.3 STREET ADDRESS: 600 ATLANTIC AVE, SUITE 2800	
CITY-ST-ZIP: NEWTON MA 02158-1630		2.4 CITY-ST-ZIP: BOSTON, MA 02210	
TITLE: DV	☐ DELETE	3.1 TITLE: D	☒ Change ☐ Addition
NAME: HIGHET, I. MALCOLM		3.2 NAME: HIGHET, I. MALCOLM	
STREET ADDRESS: 500 PLAZA DR.		3.3 STREET ADDRESS: 200 PARK AVE, 17th Floor	
CITY-ST-ZIP: SECAUCUS NJ 07094		3.4 CITY-ST-ZIP: NEW YORK, NY 10166	
TITLE: T	☒ DELETE	4.1 TITLE: ERIC J. LOMAS → D	☐ Change ☒ Addition
NAME: FONTAINE, CHARLES		4.2 NAME:	
STREET ADDRESS: 275 WASHINGTON ST.		4.3 STREET ADDRESS: 437 MADISON AVE	
CITY-ST-ZIP: NEWTON MA 02158-1630		4.4 CITY-ST-ZIP: NEW YORK, NY 10022	
TITLE:	☐ DELETE	5.1 TITLE: W. DALE MARTIN → P	☐ Change ☒ Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS: 3300 GATEWAY DRIVE	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP: POMPANO BEACH FL 33069	
TITLE:	☐ DELETE	6.1 TITLE: ST	☐ Change ☒ Addition
NAME:		6.2 NAME: GLENN G. HETZEL	
STREET ADDRESS:		6.3 STREET ADDRESS: 3300 GATEWAY DRIVE	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP: POMPANO BEACH, FL 33069	

CR2E034 (9/96)

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.

SIGNATURE: Glenn D. Hetzel GLENN G. HETZEL 3/12/97 (954) 979-0700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0008487