

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # F960000004551																							
1. Corporation Name HFM UNION INC.																							
Principal Place of Business PERRYVILLE CORPORATE PARK		Mailing Address PERRYVILLE CORP PARK																					
TAX DEPARTMENT		TAX DEPT																					
CLINTON, NJ 08809-4000		CLINTON, NJ 08809-4000																					
DO NOT WRITE IN THIS SPACE																							
2. Principal Place of Business 21 PERRYVILLE CORP PARK		2a. Mailing Address 26 PERRYVILLE CORP PARK																					
Suite, Apt. #, etc. 22 TAX DEPARTMENT		Suite, Apt. #, etc. 27 TAX DEPT																					
City & State 23 CLINTON, NH		City & State 26 CLINTON, NJ																					
Zip 24 08809-4000	Country 25 USA	Zip 29 08809	Country 30 USA																				
3. Date Incorporated or Qualified AUGUST 1, 1995		4. FEI Number 22-3403495																					
		Applied For <input type="checkbox"/> Not Applicable																					
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																					
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees																					
8. 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FLORIDA 32301		10. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">81</td> <td style="width: 85%;">Name</td> <td style="width: 5%;"></td> <td style="width: 5%;"></td> </tr> <tr> <td>82</td> <td>Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> <td></td> </tr> <tr> <td>83</td> <td></td> <td></td> <td></td> </tr> <tr> <td>84</td> <td>City</td> <td>85</td> <td>Zip Code</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">FL</td> <td></td> </tr> </table>		81	Name			82	Street Address (P.O. Box Number is Not Acceptable)			83				84	City	85	Zip Code			FL	
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83																							
84	City	85	Zip Code																				
		FL																					
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																							
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12																					
TITLE	PRESIDENT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	ROBIN A. KORNMEYER	1.2 NAME																					
STREET ADDRESS	PERRYVILLE CORPORATE PARK	1.3 STREET ADDRESS																					
CITY - ST - ZIP	CLINTON, NJ 08809-4000	1.4 CITY - ST - ZIP																					
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	STEVEN I. WEINSTEIN	2.2 NAME																					
STREET ADDRESS	PERRYVILLE CORPORATE PARK	2.3 STREET ADDRESS																					
CITY - ST - ZIP	CLINTON, NJ 08809-4000	2.4 CITY - ST - ZIP																					
TITLE	SECRETARY <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	LISA FRIES GARDNER	3.2 NAME																					
STREET ADDRESS	PERRYVILLE CORPORATE PARK	3.3 STREET ADDRESS																					
CITY - ST - ZIP	CLINTON, NJ 08809-4000	3.4 CITY - ST - ZIP																					
TITLE	TREASURER <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	ROBERT A. KOECKERT	4.2 NAME																					
STREET ADDRESS	PERRYVILLE CORPORATE PARK	4.3 STREET ADDRESS																					
CITY - ST - ZIP	CLINTON, NJ 08809-4000	4.4 CITY - ST - ZIP																					
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	GEORGE S. WHITE	5.2 NAME																					
STREET ADDRESS	PERRYVILLE CORPORATE PARK	5.3 STREET ADDRESS																					
CITY - ST - ZIP	CLINTON, NJ 08809-4000	5.4 CITY - ST - ZIP																					
TITLE	ASSISTEANT SECRETARY <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition																				
NAME	JOHN A. DOYLE, JR.	6.2 NAME																					
STREET ADDRESS	PERRYVILLE CORPORATE PARK	6.3 STREET ADDRESS																					
CITY - ST - ZIP	CLINTON, NJ 08809-4000	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.																							
SIGNATURE: <i>[Signature]</i>		4/22/98 9087132845																					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #																					

CR2E034 (10/97)

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5/26