

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

FILED
Mar 23, 1999 8:00 am
Secretary of State

03-23-1999 90039 029 ***150.00

000381

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000005137

1. Corporation Name
BLUE TEE CORP.

Principal Place of Business 250 PARK AVE S., 2ND FLOOR NEW YORK NY 10003	Mailing Address 250 PARK AVE S., 2ND FLOOR NEW YORK NY 10003
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1996	4. FEI Number 13-2925766	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 the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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: _____ DATE: _____
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CPD <input type="checkbox"/> DELETE
NAME	SECRIST, RICHARD A
STREET ADDRESS	96 PROSPECT HILL AVE
CITY-ST-ZIP	SUMMIT NJ
TITLE	CEO <input type="checkbox"/> DELETE
NAME	SECRIST, RICHARD A
STREET ADDRESS	96 PROSPECT HILL AVE
CITY-ST-ZIP	SUMMIT NJ
TITLE	VD <input type="checkbox"/> DELETE
NAME	KELLY, WILLIAM M
STREET ADDRESS	349 STERLING RD
CITY-ST-ZIP	HARRISON NY 10528
TITLE	D <input type="checkbox"/> DELETE
NAME	POLLAN, BERT
STREET ADDRESS	1000 N. LAKE SHORE DR #2205
CITY-ST-ZIP	CHICAGO IL
TITLE	VTS <input type="checkbox"/> DELETE
NAME	SMITH, GLENN A
STREET ADDRESS	1370 JOHNSON DR
CITY-ST-ZIP	WATCHUNG NJ 07060
TITLE	VCAS <input type="checkbox"/> DELETE
NAME	ALLDIAN, DAVID P
STREET ADDRESS	641 POINT AVE
CITY-ST-ZIP	BRICK NJ 08724

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN OF BOARD/DIRECTOR <input checked="" 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	CHIEF OPERATING OFFICER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PRESIDENT/DIRECTOR
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 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: JERRY D'AURIA DATE: 1/2/99 DAYTIME PHONE #: (212) 598-0889
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)

Doc- F9600005137

THE OFFICERS & DIRECTORS OF BLUE TEE CORP.

254052-90039-29

AS OF DECEMBER 14, 1998

TITLE

OFFICERS/DIRECTORS NAME:

CHAIRMAN OF THE BOARD/
CHIEF EXECUTIVE OFFICER/DIRECTOR

MR. RICHARD A. SECRIST
96 PROSPECT HILL AVENUE
SUMMIT, N.J. 07901

PRESIDENT
CHIEF OPERATING OFFICER / DIRECTOR

MR. WILLIAM M. KELLY
349 STERLING ROAD
HARRISON, NEW YORK 10528

VICE PRESIDENT/TREASURER/SECRETARY

MR. GLENN A. SMITH
1370 JOHNSON DRIVE
WATCHUNG, N. J. 07060

VICE PRESIDENT/CONTROLLER
ASSISSTANT SECRETARY

MR. DAVID P. ALLDIAN
641 POINT AVENUE
BRICK, N. J. 08724

VICE PRESIDENT

MR. MICHAEL W. CALVERT
2215 EAST GRAND AVENUE
ENGLEWOOD, COLORADO 80110

VICE PRESIDENT

MR. JEFFREY P. SMITH
52 AVENUE OF THE OAKS
BEAUMONT, TEXAS 77703

ASST. CONTROLLER/ASST. SECRETARY/
ASSISSTANT TREASURER

MR. JERRY D'AURIA
810 STATE HIGHWAY 34
MATAWAN, N.J. 07747

DIRECTOR

MR. BERT POLLAN
1000 NORTH LAKE SHORE DRIVE, #2205
CHICAGO, ILLINOIS 60611

DIRECTOR

MR. ROBERT M. SONTHEIMER
56 BEATRICE CIRCLE
BELMONT, MA. 02478

DIRECTOR

MR. CHRISTOPHER GLYNN
CLIFFORDSHIRE HOUSE
SELSLEY, NR. STROUD,
GLOUCESTERSHIRE, GL5 5LB, ENGLAND

DIRECTOR

MR. VERN G. SEADON
9732 101A STREET
EDMONTON, ALBERTA, T5K 2R6, CANADA

DIRECTOR

MR. L. M. PAUL
RT. 5, BOX 162
PINE ISLAND ROAD
BEAUMONT, TEXAS 77713