

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

FILED  
Mar 02 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 # F96000005414 (5)  
1. Corporation Name  
INTERNATIONAL CORPORATE MARKETING GROUP, INC.



Principal Place of Business

Mailing Address

100 CAMPUS DR #250  
FLORHAM PARK NJ 07932

100 CAMPUS DR #250  
FLORHAM PARK NJ 07932

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/18/1996

4. FEI Number

NOT APPLICABLE

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☒

No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

INSURANCE COMMISSIONER  
CAPITOL  
TALLAHASSEE FL 32399-0300

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BOWERS, ALAN J  
STREET ADDRESS 7 HOMESTEAD RD  
CITY-ST-ZIP METUCHEN NJ 08840

1.1 TITLE CHAIRMAN ☐ Change ☒ Addition  
1.2 NAME GINETTI, JOHN P.  
1.3 STREET ADDRESS 8 GRANT ESTATE DR.  
1.4 CITY-ST-ZIP WEST SIMSBURY, CT 06092

TITLE DP ☐ DELETE  
NAME BOSSEN, WENDELL J  
STREET ADDRESS 149 WEXFORD WAY  
CITY-ST-ZIP BASKING RIDGE NJ 07920

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE DC ☒ DELETE  
NAME ODELL, LEONARD E JR  
STREET ADDRESS 8 SUGAR HOLLOW LN  
CITY-ST-ZIP W SIMSBURY CT 06092

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME KNAPE, RON  
STREET ADDRESS 40 EAGLE NEST RD  
CITY-ST-ZIP MORRISTOWN NJ 07960

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE VP ☐ DELETE  
NAME CHAFFEE, NEIL S  
STREET ADDRESS 6 CHRISTOPHER CT.  
CITY-ST-ZIP FLINDERS NJ

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE  
NAME MARINO, PETER J  
STREET ADDRESS 20 KNUITSEN DR  
CITY-ST-ZIP W ORANGE NJ 07052

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

*[Signature]*

3/13/98

473-3011-4200

CR2E034 (10/97)