


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

FILED

Jan 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000006009 (1)**

1. Corporation Name
HFS OPERATIONS INC.

Principal Place of Business
**6 SYLVAN WAY
PARSIPPANY NJ 07054**

Mailing Address
**6 SYLVAN WAY
PARSIPPANY NJ 07054**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1997

4. FEI Number
22-3544603

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
21 6 Sylvan Way

2a. Mailing Address
26 6 Sylvan Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Parsippany, NJ

28 Parsippany, NJ

Zip

Country

Zip

Country

24 07054

25 USA

29 07054

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 ☐ DELETE
NAME **P**
STREET ADDRESS **MONACO, MICHAEL P**
CITY-ST-ZIP **6 SYLVAN WAY
PARSIPPANY NJ 07054**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **VAS**
STREET ADDRESS **BUCKMAN, JAMES E**
CITY-ST-ZIP **6 SYLVAN WAY
PARSIPPANY NJ 07054**

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

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **HOLMES, STEPHEN P**
CITY-ST-ZIP **6 SYLVAN WAY
PARSIPPANY NJ 07054**

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

TITLE ☐ DELETE
NAME **VS**
STREET ADDRESS **MURPHY, JEANNE M**
CITY-ST-ZIP **6 SYLVAN WAY
PARSIPPANY NJ 07054**

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

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **KRIDLER, TERRY E**
CITY-ST-ZIP **6 SYLVAN WAY
PARSIPPANY NJ 07054**

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

TITLE ☐ DELETE
NAME **V**
STREET ADDRESS **SCHMALZBACH, ERIC**
CITY-ST-ZIP **6 SYLVAN WAY
PARSIPPANY NJ 07054**

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)(f), 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 REQUIRED 2/25/98

Scott E. Forbes, Sr. Vice President

CR2E034 (10/97)