

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

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90005 014 ***150.00

DOCUMENT # F97000006893

1. Corporation Name
SALLY FOSTER, INC.



Principal Place of Business
6 SYLVAN WAY
LEGAL DEPARTMENT
PARSIPPANY NJ 07054

Mailing Address
6 SYLVAN WAY
LEGAL DEPARTMENT
PARSIPPANY NJ 07054

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 38-3084766	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

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	DEVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHIDSEY, JOHN W	1.2 NAME	MICHAEL P. MONACO
STREET ADDRESS	6 SYLVAN WAY	1.3 STREET ADDRESS	6 SYLVAN WAY
CITY-ST-ZIP	PARSIPPANY NJ 07054	1.4 CITY-ST-ZIP	PARSIPPANY NJ 07054
TITLE	DEVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLMER, JOHN H	2.2 NAME	KEVIN PETRY
STREET ADDRESS	707 SUMMER STREET	2.3 STREET ADDRESS	2125 BUTTERFIELD ROAD
CITY-ST-ZIP	STAMFORD CT 06901	2.4 CITY-ST-ZIP	TROY, MI 48084
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	EVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MENCHACA, ANTHONY L	3.2 NAME	MARIAN M. Roberge
STREET ADDRESS	707 SUMMER STREET	3.3 STREET ADDRESS	2125 Butterfield Road
CITY-ST-ZIP	STAMFORD CT 06901	3.4 CITY-ST-ZIP	TROY, MI 48084
TITLE	CEO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SVP TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FLYNN, PATRICIA	4.2 NAME	TERRY E. KRIDLER
STREET ADDRESS	2125 BUTTEFIELD RD	4.3 STREET ADDRESS	6 SYLVAN WAY
CITY-ST-ZIP	TROY MI 48084	4.4 CITY-ST-ZIP	PARSIPPANY NJ 07054
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	BITKER, ALAN	5.2 NAME	
STREET ADDRESS	2125 BUTTEFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI 48084	5.4 CITY-ST-ZIP	
TITLE	CFAT <input type="checkbox"/> DELETE	6.1 TITLE	DCEO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARGOTZ, MICHAEL H	6.2 NAME	
STREET ADDRESS	6 SYLVAN WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	PARSIPPANY NJ 07054	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)