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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000000200

1. Corporation Name

Copelco Alliances, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 700 East Gate Drive	26 700 East Gate Drive
Suite, Apt #, etc: 22 P.O. Box 5404	Suite, Apt #, etc.: 27 P.O. Box 5404
City & State: 23 Mt. Laurel, NJ	City & State: 28 Mt. Laurel, NJ
Zip: 24 08054-5404 · Country: 25 USA	Zip: 29 08054-5404 · Country: 30 USA

3. Date Incorporated or Qualified: 04/18/97

4. FEI Number: 59-3482384 ☐ 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

9. Name and Address of Current Registered Agent

CSC The United States Corp. Company
1201 Hays Street
Suite 105
Tallahassee, FL 32301

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	☐ DELETE	1.1 TITLE	Director/President ☐ Change ☒ Addition
NAME		1.2 NAME	Ian J. Berg
STREET ADDRESS		1.3 STREET ADDRESS	700 East Gate Drive
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054-5404
TITLE	☐ DELETE	2.1 TITLE	Senior Vice President ☐ Change ☒ Addition
NAME		2.2 NAME	Lynda K. Jackson
STREET ADDRESS		2.3 STREET ADDRESS	10199 Southside Blvd.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	☐ DELETE	3.1 TITLE	Treasurer ☐ Change ☒ Addition
NAME		3.2 NAME	John A. Cowell
STREET ADDRESS		3.3 STREET ADDRESS	700 East Gate Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054-5404
TITLE	☐ DELETE	4.1 TITLE	Secretary ☐ Change ☒ Addition
NAME		4.2 NAME	Spencer N. Lempert
STREET ADDRESS		4.3 STREET ADDRESS	700 East Gate Drive
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054-5404
TITLE	☐ DELETE	5.1 TITLE	Asst. Secretary ☐ Change ☒ Addition
NAME		5.2 NAME	Lauren Zinn Abel
STREET ADDRESS		5.3 STREET ADDRESS	700 East Gate Drive
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Mt. Laurel, NJ 08054-5404
TITLE	☐ DELETE	6.1 TITLE	Director 70000246740 ☐ Change ☒ Addition
NAME		6.2 NAME	Tadayuki 03/25/98--01004--020
STREET ADDRESS		6.3 STREET ADDRESS	335 Mad ****150.00
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10017

AO 3/24

CR2E034 (10/97)

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: X [signature] 3-19-98 (609)231-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COPELCO ALLIANCES, INC.
FEIN: 59-3482384

Attachment to 1998 Profit Corporation Annual Report

Additional Director:

John Hakemian
335 Madison Ave.
New York, NY 10017