

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

DOCUMENT # **K89702** (0) 95 MAY -1 AM 10:15

1. Corporation Name
2500 HOLDING CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **499 THORNALL ST. EDISON NJ 08337-2235**
Mailing Address: **499 THORNALL ST. EDISON NJ 08337-2235**

2. Principal Place of Business: **21** 2a. Mailing Address: **26** c/o Midlantic Corporation
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **499 Thornall Street**
City & State: **27** **Edison, NJ**
23 **Edison, NJ**
Zip: **24** **08837** **25** **USA** **29** **08837** **30** **USA**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/22/1989** 3a. Date of Last Report: **08/04/1994**

4. FEI Number: **65-0126275** 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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes 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 Date of Signature) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	SASSAMAN, DENNIS B	1.1 TITLE: D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SASSAMAN, DENNIS B	499 THORNALL STR	1.2 NAME: Sassaman, Dennis B.	
STREET ADDRESS: 499 THORNALL STR	EDISON NJ	1.3 STREET ADDRESS: same	
CITY, ST, ZIP: EDISON NJ		1.4 CITY, ST, ZIP: 	
TITLE: VP	HYLAND, THOMAS G.	2.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: HYLAND, THOMAS G.	499 THORNALL STR	2.2 NAME: Alfred J. Schiavetti	
STREET ADDRESS: 499 THORNALL STR	EDISON NJ	2.3 STREET ADDRESS: 499 Thornall Street	
CITY, ST, ZIP: EDISON NJ		2.4 CITY, ST, ZIP: Edison, NJ 08837	
TITLE: T	EBBERT, DONALD W	3.1 TITLE: D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: EBBERT, DONALD W	499 THORNALL STREET	3.2 NAME: William A. Wagner	
STREET ADDRESS: 499 THORNALL STREET	EDISON NJ	3.3 STREET ADDRESS: 499 Thornall Street	
CITY, ST, ZIP: EDISON NJ		3.4 CITY, ST, ZIP: Edison, NJ 08837	
TITLE: S	SPERGER, JOHN M	4.1 TITLE: VP/AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: SPERGER, JOHN M	499 THORNALL STREET	4.2 NAME: Richard D. Levy	
STREET ADDRESS: 499 THORNALL STREET	EDISON NJ	4.3 STREET ADDRESS: 499 Thornall Street	
CITY, ST, ZIP: EDISON NJ		4.4 CITY, ST, ZIP: Edison, NJ 08837	
TITLE: VP	WILLIAMS, MARK R. J.	5.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: WILLIAMS, MARK R. J.	1601 BELVEDERE RD.	5.2 NAME: Mary E. Burgwinkle	
STREET ADDRESS: 1601 BELVEDERE RD.	WEST PALM BEACH FL	5.3 STREET ADDRESS: 499 Thornall Street	
CITY, ST, ZIP: WEST PALM BEACH FL		5.4 CITY, ST, ZIP: Edison, NJ 08837	
TITLE: AS	KELLER, KAREN H	6.1 TITLE: AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME: KELLER, KAREN H	499 THORNALL STREET	6.2 NAME: Christine T. Connolly	
STREET ADDRESS: 499 THORNALL STREET	EDISON NJ	6.3 STREET ADDRESS: 499 Thornall Street	
CITY, ST, ZIP: EDISON NJ		6.4 CITY, ST, ZIP: Edison, NJ 08837	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: *John M. Sperger* **4/24/95** **908-321-2793**
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Telephone Number