

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L14386** (1)

1. Corporation Name
EGDC - CONCOURSE, INCORPORATED

Principal Place of Business
**C/O CT CORPORATION SYSTEM
660 E. JEFFERSON
TALLAHASSEE FL 32302
US**

Mailing Address
**C/O CT CORPORATION SYSTEM
660 E. JEFFERSON
TALLAHASSEE FL 32301-2562
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified
09/08/1989

3a. Date of Last Report
02/13/1996

4. FEI Number

22-3001580

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fees 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

**CT CORPORATION SYSTEM
660 E. JEFFERSON
TALLAHASSEE FL 32302**

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

TITLE	VDT	<input type="checkbox"/> DELETE
NAME	LUDLOW, MADELEINE	
STREET ADDRESS	ONE RIVERFRONT PLAZA, 9TH FLOOR	
CITY-ST-ZIP	NEWARK NJ	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WAY, PAUL H	
STREET ADDRESS	ONE RIVERFRONT PLAZA, 9TH FLOOR	
CITY-ST-ZIP	NEWARK NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BIGGINS JR., EDWARD J.	
STREET ADDRESS	80 PARK PLAZA	
CITY-ST-ZIP	NEWARK NJ	
TITLE	DVS	<input type="checkbox"/> DELETE
NAME	BRADSHAW, PAUL T.	
STREET ADDRESS	80 PARK PLAZA T5B	
CITY-ST-ZIP	NEWARK NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VDT	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME	Madeline W. Ludlow		
1.3 STREET ADDRESS	80 Park Plaza		
1.4 CITY-ST-ZIP	Newark NJ 07101		
2.1 TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	Eileen A. Moran		
2.3 STREET ADDRESS	One Riverfront Plaza, 9th Floor		
2.4 CITY-ST-ZIP	Newark NJ 07102		
3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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:  **Paul T. Bradshaw Vice President**

1/20/97 (201)430-8177

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

0048647

CR2E034 (9/96)