

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M95651 (9)

1. Corporation Name

BRIDGEWATER ASSOCIATES, INC.



Principal Place of Business

% C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324
US

Mailing Address

% C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324
US

3. Date Incorporated or Qualified
08/24/1988

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

22-2917158

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

CT CORPORATION SYSTEM
1200 S. 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 of agent

(NOTE: Registered Agent signature required when heretofore stated)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

P

GARR, J. J.
FIVE GIRALDA FARMS
MADISON NJ

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

VP

NEE, T. M.
FIVE GIRALDA FARMS
MADISON NJ

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

S

EMERLING, C.G.
FIVE GIRALDA FARMS
MADISON NJ

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

AT

SAMUEL, C.M.
ONE CYANAMID PLAZA
WAYNE NJ

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

STAFFORD, J.R.
FIVE GIRALDA FARMS
MADISON NJ

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

BLOUNT, R. G.
FIVE GIRALDA FARMS
MADISON NJ

☐ DELETE

13.

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Charles M. Samuel

Charles M. Samuel

4/3/96

(201) 831-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Treasurer

CR2E034 (12/95)