

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

FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT CORPORATION • ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/24/1988	4. FEI Number 22-2917158	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 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 85 Zip Code	
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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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, J.R.	1.2 NAME	
STREET ADDRESS	FIVE GIRALDA FARMS	1.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEE, T. M.	2.2 NAME	
STREET ADDRESS	FIVE GIRALDA FARMS	2.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACH, E.M.	3.2 NAME	
STREET ADDRESS	FIVE GIRALDA FARMS	3.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	3.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMUEL, C.M.	4.2 NAME	
STREET ADDRESS	FIVE GIRALDA FARMS	4.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAFFORD, J.R.	5.2 NAME	
STREET ADDRESS	FIVE GIRALDA FARMS	5.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOUNT, R. G.	6.2 NAME	
STREET ADDRESS	FIVE GIRALDA FARMS	6.3 STREET ADDRESS	
CITY-ST-ZIP	MADISON NJ	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.

SIGNATURE:  **C. M. Samuel** 4/2/98 (973)660-5076

CR2E034 (10/97)

BRIDGEWATER ASSOCIATES, INC.

OFFICERS

<u>Title</u>	<u>Name</u>	<u>Address</u>
President	Stafford, J. R.	Five Giralda Farms Madison, NJ 07940
Vice President	Carr, J. J.	Five Giralda Farms Madison, NJ 07940
Vice President	Considine, J. R.	Five Giralda Farms Madison, NJ 079405
Vice President	Nee, T.M.	Five Giralda Farms Madison, NJ 07940
Secretary	Lach, E.M.	Five Giralda Farms Madison, NJ 07940
Treasurer	O'Connor, J.M.	Five Giralda Farms Madison, NJ 07940
Asst. Treasurer	Samuel, C.M.	Five Giralda Farms Madison, NJ 07940
Asst. Secretary	Kelly, W. P	Five Giralda Farms Madison, NJ 07940

BRIDGEWATER ASSOCIATES, INC.

DIRECTORS

Name

Address

Stafford, J. R.

Five Giralda Farms
Madison, NJ 07940

Blount, R.G.

Five Giralda Farms
Madison, NJ 07940

Carr, J. J.

Five Giralda Farms
Madison, NJ 07940