

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

FILED
May 15 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 # P00011 (7)
1. Corporation Name
BRANFORD HOLDING CORPORATION

Principal Place of Business % TAX DEPT. 9TH FLOOR 1000 HARBOR BLVD. WEEHAWKEN NJ 07087-6790	Mailing Address % TAX DEPT. 9TH FLOOR 1000 HARBOR BLVD. WEEHAWKEN NJ 07087-6790
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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 11/22/1983	
4. FEI Number 06-1120048 13-3578867		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		\$8.75 Additional Fee Required	
8. \$5.00 May Be Added to Fees					

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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	VOYTKO, JAMES M.			1.2 NAME			
STREET ADDRESS	1000 HARBOR BLVD.			1.3 STREET ADDRESS			
CITY-ST-ZIP	WEEHAWKEN NJ 07087			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLAUGHLIN, EILEEN			2.2 NAME			
STREET ADDRESS	1000 HARBOR BLVD.			2.3 STREET ADDRESS			
CITY-ST-ZIP	WEEHAWKEN NJ 07087			2.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, PIERCE			3.2 NAME			
STREET ADDRESS	1000 HARBOR BLVD.			3.3 STREET ADDRESS			
CITY-ST-ZIP	WEEHAWKEN NJ 07087			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCCORMICK, RICHARD F.			4.2 NAME			
STREET ADDRESS	1000 HARBOR BLVD.			4.3 STREET ADDRESS			
CITY-ST-ZIP	WEEHAWKEN NJ 07087			4.4 CITY-ST-ZIP			
TITLE	XS/T	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEVINE, KEN			5.2 NAME			
STREET ADDRESS	1000 HARBOR BLVD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	WEEHAWKEN NJ			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DYER, STEPHEN R.			6.2 NAME			
STREET ADDRESS	1000 HARBOR BLVD.			6.3 STREET ADDRESS			
CITY-ST-ZIP	WEEHAWKEN NJ 07087			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:

[Handwritten Signature]

KEV LEVINE 4/198 (201) 902-4130

CR2E034 (10/97)