

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90048 029 \*\*\*150.00

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

3. Date Incorporated or Qualified 11/22/1983  
3a. Date of Last Report 05/01/1998

4. FEI Number 06-1120048-13-3578867  
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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name Corporation Service Co.

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hays St.

84 City Tallahassee

85 FL

86 Zip Code

32301

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 PD  
NAME SHARPLES, ARTHUR A.  
STREET ADDRESS 1000 HARBOR BLVD.  
CITY-ST-ZIP WEEHAWKEN NJ ☒ DELETE

1.1 TITLE President  
1.2 NAME Dhananjay M. Pai  
1.3 STREET ADDRESS 1000 Harbor Blvd.  
1.4 CITY-ST-ZIP Weehawken, NJ 07087 ☒ Change ☒ Addition

TITLE S  
NAME MCLAUGHLIN, EILEEN  
STREET ADDRESS 1000 HARBOR BLVD.  
CITY-ST-ZIP WEEHAWKEN NJ ☐ DELETE

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

TITLE T  
NAME SMITH, PIERCE  
STREET ADDRESS 1000 HARBOR BLVD.  
CITY-ST-ZIP WEEHAWKEN NJ ☒ DELETE

3.1 TITLE Treasurer  
3.2 NAME William J. Nolan  
3.3 STREET ADDRESS 1000 Harbor Blvd.  
3.4 CITY-ST-ZIP Weehawken, NJ 07087 ☒ Change ☒ Addition

TITLE VP  
NAME MATALENE, EUGENE  
STREET ADDRESS 1000 HARBOR BLVD.  
CITY-ST-ZIP WEEHAWKEN NJ ☒ DELETE

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

TITLE AS  
NAME ALBERGO, ROSEMARIE  
STREET ADDRESS 1000 HARBOR BLVD.  
CITY-ST-ZIP WEEHAWKEN NJ ☐ DELETE

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

TITLE AT  
NAME DEVICO, LOUIS  
STREET ADDRESS 1000 HARBOR BLVD.  
CITY-ST-ZIP WEEHAWKEN NJ ☒ DELETE

6.1 TITLE Asst. Treasurer  
6.2 NAME Kenneth Levine  
6.3 STREET ADDRESS 1000 Harbor Blvd.  
6.4 CITY-ST-ZIP Weehawken, NJ 07087 ☒ Change ☒ Addition

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth Levine 4-23-99 (201) 902-4323

Date

Daytime Phone #

CR2E034 (12/95)