FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 07 1996 8:00 am
Secretary of State

DOCUMENT # **P00931** **(6)**

1. Corporation Name

NH PROPERTIES MANAGEMENT, INC.

Principal Place of Business

% HARMON ASSOC.
201 RTE 17 N 8TH FLOOR
RUTHERFORD NJ 07070

Mailing Address

% HARMON ASSOC.
8TH FLOOR
RUTHERFORD NJ 07070
US

3. Date Incorporated or Qualified: **02/15/1984**

3a. Date of Last Report: **04/04/1995**

2. Principal Place of Business
21 2050 CENTER AVE.
22 Suite, Apt. #, etc. SUITE 625
23 City & State: FORT LEE, NJ.
24 Zip: 07024
25 County: BERGEN

2a. Mailing Address
26 2050 CENTER AVE.
27 Suite, Apt. #, etc. SUITE 625
28 City & State: FORT LEE, N.J.
29 Zip: 07024
30 County: BERGEN

4. FEI Number: **13-3154243** ☐ 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

MACLAREN, ROBERT IAN II
998 SOUTH FEDERAL HIGHWAY
SECOND FLOOR
BOCA RATON FL 33432

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 of new registered agent, if changing) (Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	HARMON, ROBERT		12 NAME		
STREET ADDRESS	201 RTE 17 NORTH		13 STREET ADDRESS		
CITY-ST-ZIP	RUTHERFORD NJ		14 CITY-ST-ZIP		
TITLE	V	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	LOCCISANO, CHARLES		22 NAME		
STREET ADDRESS	201 RTE 17 NORTH		23 STREET ADDRESS		
CITY-ST-ZIP	RUTHERFORD NJ		24 CITY-ST-ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

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)(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: [signature] 2-1-96 201-585-0630
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — PRESIDENT — Date — Daytime Phone Number

CR2E034 (12/95)