

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

DOCUMENT # P07455

1. Corporation Name

First Equity Partners Inc.

Principal Place of Business

%Tax Dept. 9th Floor
1000 Harbor Blvd
Weehawken, NJ 07087

Mailing Address

%Tax Dept. 9th Floor
1000 Harbor Blvd
Weehawken, NJ 07087

3. Date Incorporated or Qualified
6/26/85

3a. Date of Last Report
5/1/94

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-3257362

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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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

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 if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President ☐ DELETE
NAME Lawrence A. Cohen
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

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

TITLE V-President ☐ DELETE
NAME Walter V. Arnold
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, J 07087

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

TITLE Secretary ☐ DELETE
NAME Dorothy F. Haughey
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

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

TITLE Asst. Treasurer ☐ DELETE
NAME Louis J. DeVico
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

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

TITLE VP ☐ DELETE
NAME David F. Brooks
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

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

TITLE VP ☐ DELETE
NAME James Snyder
STREET ADDRESS 1000 Harbor Blvd
CITY-ST-ZIP Weehawken, NJ 07087

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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: Louis J. DeVico 4/26/96 201-902-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #