

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

100001829531
-05/20/96--01050--033
***200.00

DOCUMENT # P08099

1. Corporation Name

Fourth Development Fund Inc.

Principal Place of Business Mailing Address
Tax Dept. 9th Floor Tax Dept. 9th Floor
1000 Harbor Blvd 1000 Harbor Blvd
Weehawken, NJ 07087 Weehawken, NJ 07087

3. Date Incorporated or Qualified 11/14/85 3a. Date of Last Report 5/1/94

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 13-3151296 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 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

24 Zip Country 29 Zip Country 30

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

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

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

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

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

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

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

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(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

Daytime Phone #

FORM NOT APPROVED FOR FILING