


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

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Mar 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P08099 (4) 1. Corporation Name FOURTH DEVELOPMENT FUND INC.			
Principal Place of Business % TAX DEPT. 9TH FLOOR 1000 HARBOR BOULEVARD WEEHAWKEN NJ 07087		Mailing Address % TAX DEPT. 9TH FLOOR 1000 HARBOR BOULEVARD WEEHAWKEN NJ 07087-6727	
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 11/14/1985		3a. Date of Last Report 05/01/1996	
4. FEI Number 13-3151296		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE: V NAME: ARNOLD, WALTER V STREET ADDRESS: 1000 HARBOR BLVD. CITY-ST-ZIP: WEEHAWKEN NJ 07087	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P NAME: COHEN, LAWRENCE STREET ADDRESS: 1000 HARBOR BLVD. CITY-ST-ZIP: WEEHAWKEN NJ 07087	<input type="checkbox"/> DELETE	1.1 TITLE: SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME: 1.3 STREET ADDRESS: 1.4 CITY-ST-ZIP:	
TITLE: S NAME: HAUGHEY, DOROTHY F. STREET ADDRESS: 1000 HARBOR BLVD. CITY-ST-ZIP: WEEHAWKEN NJ 07087	<input type="checkbox"/> DELETE	2.1 TITLE: Bruce Rubin <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME: 2.3 STREET ADDRESS: 2.4 CITY-ST-ZIP:	
TITLE: V NAME: BROOKS, DAVID F. STREET ADDRESS: 1000 HARBOR BLVD. CITY-ST-ZIP: WEEHAWKEN NJ 07087	<input type="checkbox"/> DELETE	3.1 TITLE: Thomas Boland <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME: 3.3 STREET ADDRESS: 3.4 CITY-ST-ZIP:	
TITLE: V NAME: SNYDER, JAMES STREET ADDRESS: 1000 HARBOR BLVD. CITY-ST-ZIP: WEEHAWKEN NJ 07087	<input type="checkbox"/> DELETE	4.1 TITLE: SVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME: 4.3 STREET ADDRESS: 4.4 CITY-ST-ZIP:	
TITLE: AT NAME: DEVICO, LOUIS STREET ADDRESS: 1000 HARBOR BLVD. CITY-ST-ZIP: WEEHAWKEN NJ 07087	<input type="checkbox"/> DELETE	5.1 TITLE: Ken Levine <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME: 5.3 STREET ADDRESS: 5.4 CITY-ST-ZIP:	
14. I do 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: _____ DATE: 2/14/97 DAYTIME PHONE: 201-902-4333			

CR2E034 (9/96)