

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

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FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90169 011 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P08099

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1985

4. FEI Number

13-3151296

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25
**CORPORATION SERVICE CO
1201 HAYS ST
TALLAHASSEE FL 32301**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30
FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	ARNOLD, WALTER V	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	P	<input type="checkbox"/> DELETE
NAME	RUBIN, BRUCE	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAUGHEY, DOROTHY F.	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ 07087	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BOLAND, THOMAS	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	SNYDER, JAMES	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	LEVINE, KEN	
STREET ADDRESS	1000 HARBOR BLVD.	
CITY-ST-ZIP	WEEHAWKEN NJ	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director Terrence E. Fancher
5.3 STREET ADDRESS	1000 Harbor Blvd.
5.4 CITY-ST-ZIP	Weehawken, NJ 07087
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

Kenneth Levine 4-28-99 (20) 902-4323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)