


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

FILED

May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P11593 (1)</b> 1. Corporation Name <b>SUMMIT FINANCIAL RESOURCES, INC.</b>		



Principal Place of Business <b>4 CAMPUS DR</b> <b>PARSIPPANY NJ 07054</b> <b>US</b>	Mailing Address <b>4 CAMPUS DRIVE</b> <b>PARSIPPANY NJ 07054-4401</b> <b>US</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>09/29/1986</b>	3a. Date of Last Report <b>04/08/1996</b>
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>22-2388369</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>	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 <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STUBBS, FREDERICK R.	1.2 NAME	
STREET ADDRESS	4 CAMPUS DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY NJ	1.4 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEINMAN, STEVEN	2.2 NAME	
STREET ADDRESS	4 CAMPUS DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY NJ	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALVO, SAL R.	3.2 NAME	
STREET ADDRESS	4 CAMPUS DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY NJ	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPPADOPOULOUS, JOHN M.	4.2 NAME	
STREET ADDRESS	4 CAMPUS DRIVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY NJ	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPADA, JOSEPH W	5.2 NAME	
STREET ADDRESS	4 CAMPUS DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY NJ	5.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCNEER, REMBERT D	6.2 NAME	
STREET ADDRESS	4 CAMPUS DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	PARSIPPANY NJ	6.4 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:  **4/24/97** **201 285 3600**

CR2E034 (9/96)