

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

FILED
Apr 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P11593** (1)
1. Corporation Name
SUMMIT FINANCIAL RESOURCES, INC.

Principal Place of Business 4 CAMPUS DR PARSIPPANY NJ 07054 US	Mailing Address 4 CAMPUS DRIVE PARSIPPANY NJ 07054 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified 09/29/1986	
				4. FEI Number 22-2388369	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STB	STUBBS, FREDERICK R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4 CAMPUS DRIVE		1.3 STREET ADDRESS	
PARSIPPANY NJ		1.4 CITY - ST - ZIP	
PD	WEINMAN, STEVEN	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4 CAMPUS DRIVE		2.1 TITLE	
PARSIPPANY NJ		2.2 NAME	
		2.3 STREET ADDRESS	
D	SALVO, SAL R.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4 CAMPUS DRIVE		2.4 CITY - ST - ZIP	
PARSIPPANY NJ		3.1 TITLE	
		3.2 NAME	
		3.3 STREET ADDRESS	
D	PAPPADOPOULOUS, JOHN M.	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4 CAMPUS DRIVE		3.4 CITY - ST - ZIP	
PARSIPPANY NJ		4.1 TITLE	
		4.2 NAME	
		4.3 STREET ADDRESS	
D	SPADA, JOSEPH W	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4 CAMPUS DRIVE		4.4 CITY - ST - ZIP	
PARSIPPANY NJ		5.1 TITLE	
		5.2 NAME	
		5.3 STREET ADDRESS	
VP	MCNEER, REMBERT D	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4 CAMPUS DRIVE		5.4 CITY - ST - ZIP	
PARSIPPANY NJ		6.1 TITLE	
		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.

CR2E034 (10/97)

SIGNATURE *R D McNeer* *3/30/98* (973) 205-3180