22-95 P-95-54-NC

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 FEB -8 PM 12:10

DOCUMENT # **P27404** **(3)**

1. Corporation Name

VECTOR MANAGEMENT CORP.

Principal Place of Business	Mailing Address
C/O J&B MANAGEMENT CO. 1 EXECUTIVE DRIVE FORT LEE NJ 07024	C/O J&B MANAGEMENT CO. 1 EXECUTIVE DRIVE FORT LEE NJ 07024

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/21/1989	3a. Date of Last Report: 04/20/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)
4. FEI Number: 22-3014474 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CAPITOL SERVICES
1020 E. LAFAYETTE STREET, SUITE 110A
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 **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 _____ 1/31/95
Signature and/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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	LUCIANI, JOHN	1.2 NAME	
STREET ADDRESS	1 EXECUTIVE DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LEE NJ	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	☐ Change ☐ Addition
NAME	RODIN, BERNARD	2.2 NAME	
STREET ADDRESS	1 EXECUTIVE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LEE NJ	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	RODIN, BERNARD	3.2 NAME	
STREET ADDRESS	1 EXECUTIVE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LEE NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	LUCIANI, JOHN, III	4.2 NAME	
STREET ADDRESS	1610 WOODSTEAD COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLANDS TX	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LUCIANI, DORIAN	5.2 NAME	
STREET ADDRESS	1610 WOODSTEAD COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	THE WOODLANDS TX	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and done 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: _____ 1/31/95 _____ 201-947-7272
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0394366 FP