

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

PROFIT
CORPORATION
ANNUAL REPORT

1997



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

FILED

97 APR 28 PM 12: 55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27404**

(3)

1. Corporation Name
VECTOR MANAGEMENT CORP.

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

Mailing Address
**C/O J&B MANAGEMENT CO.
1 EXECUTIVE DRIVE
FORT LEE NJ 07024-3308**

3. Date Incorporated or Qualified **12/21/1989** 3a. Date of Last Report **05/09/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-3014474		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/25/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIANI, JOHN	1.2 NAME	900002158819-0
STREET ADDRESS	1 EXECUTIVE DR.	1.3 STREET ADDRESS	-04/29/97--01092--001
CITY-ST-ZIP	FORT LEE NJ	1.4 CITY-ST-ZIP	***2096.25 ****165.00
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 201
9477322

CR2E034 (9/96)