

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P32495** (4)

1. Corporation Name  
**O'CONNOR MANAGEMENT INCORPORATED**



Principal Place of Business: **399 PARK AVENUE 25TH FLOOR NEW YORK NY 10022**  
Mailing Address: **399 PARK AVENUE 25TH FLOOR NEW YORK NY 10022**

3. Date Incorporated or Qualified: **01/16/1991**  
3a. Date of Last Report: **02/07/1995**  
4. FEI Number: **13-3214722**  
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

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
22. Subst. Apt. #, etc.: 27  
23. City & State: 28  
24. Zip: 29  
25. Country: 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

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**

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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUMBERG, LEONARD I.</b>	
STREET ADDRESS	<b>208 WOODBINE AVENUE</b>	
CITY, ST, ZIP	<b>MERRICK NY</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PHELAN, JOHN E., JR.</b>	
STREET ADDRESS	<b>51 GLENDALE AVE.</b>	
TITLE	<b>AVP</b>	<input type="checkbox"/> DELETE
NAME	<b>DIENT, GARY J</b>	
STREET ADDRESS	<b>80 MOUNT BETHEL AVENUE</b>	
CITY, ST, ZIP	<b>WARREN NJ</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MCCOLLUM, WILLIAM J.</b>	
STREET ADDRESS	<b>17 SALEM LANE</b>	
CITY, ST, ZIP	<b>PORT WASHINGTON NY</b>	
TITLE	<b>SVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DILLON, BRIDGET</b>	
STREET ADDRESS	<b>200 PARK AVENUE, 51ST FLOOR</b>	
CITY, ST, ZIP	<b>NEW YORK NY</b>	
TITLE	<b>SVP</b>	<input type="checkbox"/> DELETE
NAME	<b>KASTNER, PAUL</b>	
STREET ADDRESS	<b>200 PARK AVENUE, 51ST FLOOR</b>	
CITY, ST, ZIP	<b>NEW YORK NY</b>	

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	<b>Senior Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Phelan, John, Jr.</b>	
2.3 STREET ADDRESS	<b>90 Tunison Lane</b>	
2.4 CITY, ST, ZIP	<b>Bridgewater, NJ 08807</b>	
3.1 TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Dienst, Gary J.</b>	
3.3 STREET ADDRESS	<b>80 Mount Bethel Road</b>	
3.4 CITY, ST, ZIP	<b>Warren, NJ 07060</b>	
4.1 TITLE	<b>Senior Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Corcoran, Dennis</b>	
4.3 STREET ADDRESS	<b>10 Weymouth Drive</b>	
4.4 CITY, ST, ZIP	<b>Howell, NJ 07731</b>	
5.1 TITLE	<b>Senior Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Eppele, James</b>	
5.3 STREET ADDRESS	<b>133 Washington Avenue</b>	
5.4 CITY, ST, ZIP	<b>Chatham, NJ 07928</b>	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Gary Dienst Vice President 2/14/96 908-603-3800

CR2E034 (12/95)