

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

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FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90016 027 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32495
 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
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/16/1991	
4. FEI Number 13-3214722	Applied For Not Applicable
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 the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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	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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHELAN, JOHN E SR	1.2 NAME	Jeremiah W. O'Connor, Jr.
STREET ADDRESS	15 COBBLEFIELD LANE	1.3 STREET ADDRESS	399 Park Avenue
CITY-ST-ZIP	WHITE PALMS NY	1.4 CITY-ST-ZIP	New York, NY 10022
TITLE	SVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHELAN, JOHN E., JR.	2.2 NAME	Glenn Ruffano
STREET ADDRESS	51 GLENDALE AVE.	2.3 STREET ADDRESS	399 Park Avenue
CITY-ST-ZIP	LIVINGSTON NJ	2.4 CITY-ST-ZIP	New York, NY 10022
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIENST, GARY J	3.2 NAME	Dienst, Gary J.
STREET ADDRESS	80 MOUNT BETHEL AVENUE	3.3 STREET ADDRESS	399 Park Avenue
CITY-ST-ZIP	WARREN NJ	3.4 CITY-ST-ZIP	New York, NY 10022
TITLE	SVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORCORAN, DENNIS	4.2 NAME	
STREET ADDRESS	10 WEYMOUTH DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOWELL NJ	4.4 CITY-ST-ZIP	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EPPELE, JAMES	5.2 NAME	
STREET ADDRESS	133 WASHINGTON AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHATHAM NJ	5.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRAINA, MARY	6.2 NAME	
STREET ADDRESS	100 MENLO PARK	6.3 STREET ADDRESS	
CITY-ST-ZIP	EDISON NJ	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 in an attachment with an address, with all other like empowered.

SIGNATURE: Katherine H Harris 1/8/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)