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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90184 026 ***150.00

| DOCUMENT # 1. Corporation Name | P37802 |
|---------------------------------|-----------|
| EDWARDS AND KEL | CEY, INC. |

| Principal Place of Business Mailing Address | | | I statutate (62 titli legal) serie edite indi entre erat erat erat erat erat erat erat e | | | | |
|--|--|--|--|--|---|--|--|
| 299 MADISON AVENUE 299 MADISON AVENUE P.O. BOX 1936 P.O. BOX 1936 MORRISTOWN NJ 07962 MORRISTOWN NJ 07962 | | | | DO NOT WRITE IN THIS SPACE | | | |
| US | US . | | | 3. Date Incorporated or Qualified 03/06/1992 | | | |
| 2. Principal Place of Business | 2a. Mailing Address | | | 4. FEI Number Applied For | | | |
| 21 | 26 | | | 22-1623519 Not Applicable | e | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | _ - | 5. Certificate of Status Desired \$8.75 Additional Fee Required | T | | |
| City & State | - City & State | | | 6: Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees | , | | |
| Zip Country 24 25 | Zip Country 29 30 | | | 8. This corporation owes the current year Intangible Personal Property Tax. | | | |
| 9. Name and Address of Curre | ent Registered Agent | 10. Name and Address of New Registered Agent | | | | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | 81 82 | Name | ress (P.O. Box Number is Not Acceptable) | | | |
| | | 02 | Street Address (C.O. Box Multiper is 1401 Acceptable) | | | | |
| PLANTATION FL 33324 | | 83 | | | | | |
| | | 84 | , | FL 85 Zip Code | | | |
| Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the Stat agent. I am familiar with, and accept the oblig | e of Florida. Such change was authoriz | ed by | the corporation | poration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered | | | |
| SIGNATURE | | | | | | | |

| SIGNATURE | Signature, typed or printed name of registered agent and title if ap | plicable (NOTE: Re | gistered Agent signature re | equired when reinstating) | DATE | | |
|----------------|--|---|-----------------------------|---------------------------|-----------|-------------|------------|
| 12. | OFFICERS AND DIRECT | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | | | |
| TITLE | VD | ☐ DELETE | 1,1 TITLE | PD | | XX Change | Addition |
| NAME | GARRITY, KENNETH | | 1.2 NAME | MCMAHON, KEY | JIN | | |
| STREET ADDRESS | 529 MAIN STREET, SUITE 203 | | 1.3 STREET ADDRESS | 299 MADISON | | | |
| CITY-ST-ZIP | BOSTON MA 02197-1107 | | 1.4 CITY-ST-ZIP | MORRISTOWN. | NJ 07962 | | |
| TITLE | VD | ☐ DELETE | 2.1 TITLE | S | | Change | Addition |
| NAME | GREFE, RICHARD R | | 2.2 NAME | ELIZABETH RE | EFINSKI | | |
| STREET ADDRESS | 90 WEST STREET SUITE 1700 | : | 2.3 STREET ADDRESS | 299 MADISON | | | i |
| CITY-ST-ZIP | NEW YORK NY 10006-1039 | ., | 2. 4 CITY-ST-ZIP | | NJ-07962 | | |
| TITLE | VD | ☐ DELETE | 3.1 TITLE | T | - | Change | ☐ Addition |
| NAME | SANDS, ROBERT P | | 32 NAME | BARRY, THOMA | AS E. | | |
| STREET ADDRESS | 7401 METRO BLVD. SUITE 430 | | 3.3 STREET ADDRESS | 299 MADISON | AVENUE | | |
| CITY-ST-ZIP | MINNEAPOLIS MN 55439 | | 3.4. CITY-ST-ZIP | MORRISTOWN. | | | |
| TITLE | VD | ☐ DELETE | 4,1 TITLE | C | | Change | ☐ Addition |
| NAME | TANGEL, RICHARD E | | 4. 2 NAME | WISS, RONALD |) | | |
| STREET ADDRESS | 299 MADISON AVENUE | | 4.3 STREET ADORESS | 299 MADISON | | | |
| CITY-ST-ZIP | MORRISTOWN NJ 07962 | | 4.4 CITY-ST-ZIP | MORRISTOWN, | | | |
| TITLE | VD | DELETE | 5.1 TITLE | 110111111111111111 | 110 07302 | Change | Addition |
| NAME | HALLAHAN, RICHARD M | | 5.2 NAME | | | | |
| STREET ADDRESS | 1380 WILMINGTON PIKE | | 5.3 STREET ADDRESS | | | | |
| CITY-ST-ZIP | WEST CHESTER PA 19382-8218 | | 5.4 CITY-ST-ZIP | | | | |
| TITLE | VD | ★ DELETE | 6.1 TITLE | | | Change | ☐ Addition |
| NAME | MCLOUGHLIN, DANIEL J | | 6.2 NAME | | | | |
| STREET ADDRESS | 299 MADISON AVENUE | | 6.3 STREET ADDRESS | | | | Į |
| CITY-ST-ZIP | MORRISTOWN NJ 07962 | | 6.4 CITY-ST-ZIP | | | | |

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, with all other like empowered.

SIGNATURE: