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

APPROVED AND FILED

95 MAY -1 AM 9:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P39191 (2)

1. Corporation Name
ALABAMA PROPERTIES, INC.

Principal Place of Business	Mailing Address
ONE CHRISTINA CENTRE 301 N. WALNUT ST. WILMINGTON DE 19809	% STATE TAX DEPT 300 BENEFICIAL CENTER PEAPACK NJ 07977

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/04/1992
3a. Date of Last Report: 04/29/1994

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: 51-0011655 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $6.75 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

C T CORPORATION SYSTEM
C/O C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HALVORSEN, ANDREW C.	12 NAME	
STREET ADDRESS	301 N. WALNUT ST.	13 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	HANCE, CHARLES E.	22 NAME	
STREET ADDRESS	301 N. WALNUT ST.	23 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	KEEGAN, ALLEN J	32 NAME	
STREET ADDRESS	301 N. WALNUT ST.	33 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	Secretary ☒ Change ☐ Addition
NAME	WARREN, JAMES D	42 NAME	Matthew J. Broas
STREET ADDRESS	301 N. WALNUT ST.	43 STREET ADDRESS	200 Beneficial Center
CITY-ST-ZIP	WILMINGTON DE	44 CITY-ST-ZIP	Peapack, NJ 07977
TITLE	TD	51 TITLE	☐ Change ☐ Addition
NAME	MCCARDLE, JOHN V	52 NAME	
STREET ADDRESS	301 N. WALNUT ST.	53 STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/1/95 MJB

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)(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: Matthew J. Broas, Secretary 4/24/95 (908) 781-3381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0394063 FP