

**CORPORATION
ANNUAL REPORT
1995**

FLORIDA DEPARTMENT OF REVENUE
James B. Matheson
Secretary of State
DIVISION OF CORPORATIONS

95 APR -5 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000028200(2)

1. Corporation Name

VERO/FIDOREO LS, INC.

Principal Place of Business

Mailing Address

First Fidelity Bancorporation First Fidelity Bancorporation
c/o Dorothy A. Seery c/o Dorothy A. Seery
550 Broad St., B55015 550 Broad St., B55015
Newark, NJ 07102 Newark, NJ 07102

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 4/15/93 3a. Date of Last Report 1/31/94

4. FEI Number 58-2049817 Applied For Not Applicable

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

2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip 24 Country 25 Zip 26 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S Pine Island Rd.
Plantation, FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D/AS
NAME Jerry, H. A.
STREET ADDRESS 550 Broad Street
CITY- ST- ZIP Newark, NJ 07102

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE D/P
NAME Murphy, Francis X.
STREET ADDRESS 550 Broad Street
CITY- ST- ZIP Newark, NJ 07102

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE D/VP
NAME Slater, Robert L.
STREET ADDRESS 570 Broad Street
CITY- ST- ZIP Newark, NJ 07102

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE T
NAME Isoldi, Conrad J.
STREET ADDRESS 570 Broad Street
CITY- ST- ZIP Newark, NJ 07102

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE S
NAME Bicket, Patricia A.
STREET ADDRESS 550 Broad Street
CITY- ST- ZIP Newark, NJ 07102

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE CTO
NAME Blass, Paul J.
STREET ADDRESS 123 So. Broad Street
CITY- ST- ZIP Philadelphia, PA 19109

6.1 TITLE ☐ Change ☐ 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 190.07(3)(b), 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 1037, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

F.X. MURPHY, PRES.

3/21/95

Date

Signature Printed Name