

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northerm</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000075923 (9)**

1. Corporation Name

**OBJECT ORIENTED TECHNOLOGIES CORPORATION**

Principal Place of Business

Mailing Address

**1 LACKAWANNA PLAZA  
SUITE 312  
MONTCLAIR NJ 07042**

**1 LACKAWANNA PLAZA  
SUITE 312  
MONTCLAIR NJ 07042**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/29/1995**

4. FEI Number

**22-3405598**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be  
Added to Fees**

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☒ 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	28	Country
24	Country	29	Zip
25		30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHATTERTON, ADRIANE  
5851 BAYVIEW DR.  
FT. LAUDERDALE FL 33308**

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

Signature, typed or printed name of registrant 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	<b>P</b>	1.1 TITLE	
NAME	<b>CHATTERTON, ADRIANE</b>	1.2 NAME	
STREET ADDRESS	<b>195 CHADWICK ROAD</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TEANECK NJ 07088</b>	1.4 CITY - ST - ZIP	
TITLE	<b>C</b>	2.1 TITLE	
NAME	<b>CHATTERTON, GERALD</b>	2.2 NAME	
STREET ADDRESS	<b>195 CHADWICK ROAD</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TEANECK NJ 07088</b>	2.4 CITY - ST - ZIP	
TITLE	<b>M</b>	3.1 TITLE	
NAME	<b>CHATTERTON, BRENDAN S</b>	3.2 NAME	
STREET ADDRESS	<b>195 CHADWICK ROAD</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>TEANECK NJ 07088</b>	3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 registered 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:

4/26/98 973-783  
5000

CR2E034 (10/97)