## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 APPROVED PROFIT FLORIDA DEPARTMENT OF STATE AMD CORPORATION Sandra B Mortham \*ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS 1990 MAY 23 MM 1: 35 DOCUMENT # V16518 (5) - SECRETARY OF STAIL TALLAMASSES FLORIDA 1. Corporation Name ORANGE NORTH/FIDOREO, INC. 400001886894 Principal Place of Business Mailing Address First Union National Bank First Union National Bank c/o Patricia A. Bicket c/o Patricia A. Bicket 550 Broad St. 550 Broad St., NJ1554 3. Date Incorporated or Qualified 3a. Date of Last Report Newark, NJ 07102 Newark, NJ 07102 02/25/92 1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0326129 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199 032. 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 The Prentice-Hall Corporation System, Inc. Street Address (P.O. Box Number is Not Acceptable) CT Corporation System, Inc. 82 1200 South Pine Island Rd. 1201 Hays Street Plantation, FL 33324 83 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes SIGNATURE Bu. 103 84 City Tallahassee, FL 85 Zip Code 32.301 32.30 <u>Suite 105</u> Kelly A. HOWKU of registered agent and little if appli-12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE X DELETE D/AS 1 1 TITLE (12)k Change Addition NAME Jerry, H.A. 1.2 NAME Anthony R. Burriesci **CR2E034** STREET ADDRESS 550 Broad St. 1.3 STREET ADDRESS 550 Broad St. CITY-ST-ZIP Newark, NJ 07102 14 CITY-ST-ZIP Newark, NJ 07102 TITLE D/VP x DELETE 2 1 TITLE Change Add tion NAME McCord, John R. 2.2 NAME Donald C. Parcells STREET ADDRESS 550 Broad St. 2 3 STREET ADDRESS 550 Broad St. CITY - ST - ZIP Newark, NJ 07102 24 CITY - ST - ZIP Newark, NJ 07102 TITLE X DELETE 3 1 TITLE Change Addition 3.2 NAME Murphy, Francis X. Leslie E. Goodman STREET ADDRESS 550 Broad St. 33 STREET ADDRESS 550 Broad St. CITY-ST-ZIP <u>Newark, NJ 07102</u> 3 4 CITY - ST - ZIP <u>Newark, NJ 07102</u> TITLE X DELETE 4 1 TITLE Change **XX** Addition NAME Isoldi, Conrad J. 4.2 NAME Carol R. Mullis STREET ADDRESS 570 Broad St. 4.3 STREET ADDRESS 301 South College St. CITY - ST - ZIP Newark, NJ 07102 44 CITY-ST-ZIP Charlotte, NC 28288-0630 TITLE DELETE 5 1 TITLE Change Addition NAME Patricia A. Bicket 5 2 NAME STREET ADDRESS 550 Broad St. 5 3 STREET ADDRESS CITY-ST-ZIP Newark, NJ 07102 5.4 CITY-ST-ZIP TITLE DELETE 6 1 TITLE XX Change VΡ NAME 6 2 NAME Blass, Paul J. STREET ADDRESS 123 So. Broad St. 63 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Fiorida Statutes. I 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:

STORY TURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/20/96 70 4/374 ~ 4438 Dare