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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Tallahassee, Florida  
www.floridastate.gov

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **851835** (9)  
THE PADDINGTON CORPORATION

Principal Place of Business: **ONE PARKER PLAZA FT. LEE NJ 07024**  
Mailing Address: **ONE PARKER PLAZA FT. LEE NJ 07024**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/11/1982** 3a. Date of Last Report: **04/26/1994**  
4. FEI Number: **51-0255120** Applied For:  Not Applicable:   
5. Certificate of Status Issued:  **\$8.75 Additional Fee Required**  
6. Election Campaign Finance and Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**  
State: Apt. # etc.: **22** State: Apt. # etc.: **27**  
City & State: **23** City & State: **28**  
Country: **24** Country: **25** Country: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
B1 Name: \_\_\_\_\_  
B2 Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_  
B3 City: \_\_\_\_\_  
B4 City: \_\_\_\_\_  
B5 Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0902 and 607.1503, 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 607.0903, Florida Statutes.

SIGNATURE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADVERSELY AFFECTED OFFICERS AND DIRECTORS |  |
|----------------------------|---|---|--|
| OFFICER/DIRECTOR           | VT<br>NAME: <b>BUSCH, ROGER L.</b><br>STREET ADDRESS: <b>145 BEDFORD ROAD</b><br>CITY, STATE, ZIP: <b>GREENWICH CT</b>              | OFFICER/DIRECTOR                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| OFFICER/DIRECTOR           | <del>S</del><br>NAME: <b>BRESLIN, EMILY K.</b><br>STREET ADDRESS: <b>27 HARTSHORN DR.</b><br>CITY, STATE, ZIP: <b>COLTS NECK NJ</b> | OFFICER/DIRECTOR                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER/DIRECTOR           | D<br>NAME: <b>FUREK, ROBERT M.</b><br>STREET ADDRESS: <b>MUNSON ROAD</b><br>CITY, STATE, ZIP: <b>FARMINGTON CT</b>                  | OFFICER/DIRECTOR                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| OFFICER/DIRECTOR           | D<br>NAME: <b>GASSMAN, ROBERT S.</b><br>STREET ADDRESS: <b>200 EAST 57TH STREET</b><br>CITY, STATE, ZIP: <b>NEW YORK NY</b>         | OFFICER/DIRECTOR                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| OFFICER/DIRECTOR           | VD<br>NAME: <b>MCKENNA, JOSEPH P.</b><br>STREET ADDRESS: <b>15 LANTERN LANE</b><br>CITY, STATE, ZIP: <b>RAMSEY NJ</b>               | OFFICER/DIRECTOR                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| OFFICER/DIRECTOR           | PDC<br>NAME: <b>SEAWRIGHT, G. WILLIAM</b><br>STREET ADDRESS: <b>17 KIRA LANE</b><br>CITY, STATE, ZIP: <b>ENGLEWOOD NJ</b>           | OFFICER/DIRECTOR                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| OFFICER/DIRECTOR           | PDC<br>NAME: <b>FOGLIO, ANTHONY P.</b><br>STREET ADDRESS: <b>20 Armand Pl.</b><br>CITY, STATE, ZIP: <b>Ridgefield, CT 06877</b>     | OFFICER/DIRECTOR                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and correct 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13. This report or certificate shall be attached to the filing.

SIGNATURE:  **Anthony P. Foglio** 4/27/95  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

201-592-3701  
Tallahassee, Florida