

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 851835 (9)
 1. Corporation Name
THE PADDINGTON CORPORATION



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

3. Date Incorporated or Qualified **02/11/1982** 3a. Date of Last Report **05/01/1995**
 4. FEI Number **51-0255120** 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
 24 Zip 25 Country 29 Zip 30 Country

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
 b4 City **FL** b5 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	BUSCH, ROGER L.	
STREET ADDRESS	145 BEDFORD ROAD	
CITY-ST-ZIP	GREENWICH CT	
TITLE	PDC	<input type="checkbox"/> DELETE
NAME	FOGLIO, ANTHONY P	
STREET ADDRESS	20 ARMAND PL	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FUREK, ROBERT M.	
STREET ADDRESS	MUNSON ROAD	
CITY-ST-ZIP	FARMINGTON CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASSMAN, ROBERT S.	
STREET ADDRESS	200 EAST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCKENNA, JOSEPH P.	
STREET ADDRESS	15 LANTERN LANE	
CITY-ST-ZIP	RAMSEY NJ	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP. F.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Paul R Hanworth	
1.3 STREET ADDRESS	300 Prospect Ave. Apt. 8c	
1.4 CITY-ST-ZIP	HACKENSACK, NJ 07024	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Date **6/18/96** Daytime Phone # **201-582-5700**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)