

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

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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90184 026 \*\*\*150.00



PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P37802**

1. Corporation Name  
**EDWARDS AND KELCEY, INC.**

Principal Place of Business	Mailing Address
299 MADISON AVENUE P.O. BOX 1936 MORRISTOWN NJ 07962 US	299 MADISON AVENUE P.O. BOX 1936 MORRISTOWN NJ 07962 US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/06/1992**

4. FEI Number <b>22-1623519</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.

22	27
City & State	City & State

23	28
Zip	Zip
Country	Country

24	25	29	30
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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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	VD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARRITY, KENNETH	1.2 NAME	MCMAHON, KEVIN
STREET ADDRESS	529 MAIN STREET, SUITE 203	1.3 STREET ADDRESS	299 MADISON AVENUE
CITY-ST-ZIP	BOSTON MA 02197-1107	1.4 CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREFE, RICHARD R	2.2 NAME	ELIZABETH REFINSKI
STREET ADDRESS	90 WEST STREET SUITE 1700	2.3 STREET ADDRESS	299 MADISON AVENUE
CITY-ST-ZIP	NEW YORK NY 10006-1039	2.4 CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDS, ROBERT P	3.2 NAME	BARRY, THOMAS E.
STREET ADDRESS	7401 METRO BLVD. SUITE 430	3.3 STREET ADDRESS	299 MADISON AVENUE
CITY-ST-ZIP	MINNEAPOLIS MN 55439	3.4 CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	C <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TANGEL, RICHARD E	4.2 NAME	WISS, RONALD
STREET ADDRESS	299 MADISON AVENUE	4.3 STREET ADDRESS	299 MADISON AVENUE
CITY-ST-ZIP	MORRISTOWN NJ 07962	4.4 CITY-ST-ZIP	MORRISTOWN, NJ 07962
TITLE	VD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALLAHAN, RICHARD M	5.2 NAME	
STREET ADDRESS	1380 WILMINGTON PIKE	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST CHESTER PA 19382-8218	5.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLOUGHLIN, DANIEL J	6.2 NAME	
STREET ADDRESS	299 MADISON AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ 07962	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 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, with all other like empowered.

SIGNATURE:

*THOMAS E BARRY* (973) 267-0555  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: 2/10/99 Daytime Phone #

CR2E034 (11/98)