

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2000 8:00 am
Secretary of State

02-24-2000 90012 050 ***150.00

DOCUMENT # P37802

1. Entity Name
EDWARDS AND KELCEY, INC.

Principal Place of Business 299 MADISON AVENUE P.O. BOX 1936 MORRISTOWN NJ 07962 US	Mailing Address 299 MADISON AVENUE P.O. BOX 1936 MORRISTOWN NJ 07962-1936 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country	4. FEI Number 22-1623519	Applied For Not Applicable
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCMAHON, KEVIN 299 MADISON AVE MORRISTOWN NJ 07962	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S REFINSKI, ELIZABETH 299 MADISON AVE MORRISTOWN NJ 07962	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT 299 MADISON AVE MORRISTOWN, N.J. 07962
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BARRY, THOMAS E 299 MADISON AVE MORRISTOWN NJ 07962	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WISS, RONALD 299 MADISON AVE MORRISTOWN NJ 07962	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 2/7/2000 PHONE: 973-2678830

CR2E034 (9/99)