

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 3:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **818225** (5)

1. Corporation Name
FALLWEST CORPORATION

Principal Place of Business: **1330 AVENUE OF THE AMERICAS
NEW YORK NY 10019**
Mailing Address: **1330 AVENUE OF THE AMERICAS
NEW YORK NY 10019**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		10/08/1964	05/01/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For / Not Applicable
22		27		13-6171335	
23 City & State		28 City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing / Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 /in	25 Country	29 /in	30 Country	8. This corporation has liability for intangible tax under S. 100.012 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		
				FL	85 Zip Code		

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 of current registered agent and officer and director Signature of new registered agent and officer and director Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REDDY, JOHN W.	1.2 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	1.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	1.4 CITY, ST, ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUNDY, DANIEL F	2.2 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	2.3 STREET ADDRESS	
CITY, ST, ZIP	NY NY	2.4 CITY, ST, ZIP	
TITLE	AS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEICKE, ROBERT W.	3.2 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	3.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	3.4 CITY, ST, ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, RICHARD W.	4.2 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	4.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	4.4 CITY, ST, ZIP	
TITLE	AT	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITSON, JAMES P	5.2 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	5.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the annual report or supplemental annual report is true and accurate and that my resignation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or trustee or partner empowered to execute this report as required by Chapter 607, Florida Statutes and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Richard W. Powers*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
RICHARD W. POWERS, ASSISTANT SECRETARY
 APRIL 21, 1995 (212) 258-1490
Date Telephone