

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 4 West Red Oak Lane		26 4 West Red Oak Lane		10/8/1964	05/01/1995
22 c/o ITT INDUSTRIES, INC.		27 c/o ITT INDUSTRIES, INC.		4. FEI Number	Applied For
23 White Plains, N.Y.		28 White Plains, N.Y.		13-6171335	Not Applicable
24 10604		25 Westchester		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		29 10604		30 Westchester	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, 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			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ (Typed or printed name of registered agent and term of office) _____ (Typed or printed name of registered agent, not applicable) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 4?	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EISNER, WILLIAM	1.2 NAME	
STREET ADDRESS	1 GATEWAY PLAZA	1.3 STREET ADDRESS	
CITY-STATE-ZIP	COL. SPRINGS CO	1.4 CITY-STATE-ZIP	
TITLE	AS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWERS, RICHARD W.	2.2 NAME	AS Richard W. Powers
STREET ADDRESS	1330 AVE OF THE AMERICAS	2.3 STREET ADDRESS	4 West Red Oak Lane
CITY-STATE-ZIP	NEW YORK NY	2.4 CITY-STATE-ZIP	White Plains, N.Y. 10604
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPEARING, JOHN R.	3.2 NAME	VC Robert W. Beicke
STREET ADDRESS	1 GATEWAY PLAZA	3.3 STREET ADDRESS	4 West Red Oak Lane
CITY-STATE-ZIP	COL. SPRINGS CO	3.4 CITY-STATE-ZIP	White Plains, N.Y. 10604
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITSON, JAMES P.	4.2 NAME	
STREET ADDRESS	1330 AVE OF THE AMERICAS	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NEW YORK, NY.	4.4 CITY-STATE-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLIGAN, GEORGE M.	5.2 NAME	
STREET ADDRESS	1 GATEWAY PLAZA	5.3 STREET ADDRESS	
CITY-STATE-ZIP	COL. SPRINGS CO	5.4 CITY-STATE-ZIP	
TITLE	VC	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRASSI, CIRO A	6.2 NAME	400001847024
STREET ADDRESS	1 GATEWAY PLAZA, 1330 INVERNESS DR	6.3 STREET ADDRESS	-06/03/96--01016--031
CITY-STATE-ZIP	COL SPRINGS CO	6.4 CITY-STATE-ZIP	***225.00

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: R. W. Powers ASST. SECRETARY 1/96 (914) 641-2145
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed or printed name)

CR2E034 (12/95)

6/1/96
5/11/96