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

SIGNATURE:

May 08 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 820595 (7) JULIEN J. STUDLEY, INC. Principal Place of Business Mailing Address **900 PARK AVENUE** 300 PARK AVENUE SRD FLOOR 3RD FLOOR DO NOT WRITE IN THIS SPACE NEW YORK NY 10022 NEW YORK NY 10022 3. Date Incorporated or Qualified 07/20/1967 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 13-1813318 26 Not Applicable Suite, Apt. #, etc Suite, Apt #, etc \$8,75 Additional 5. Certificate of Status Desired Fee Regulred 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 26 Ζιρ Country Country 8. This corporation owes or has paid the current year Intangible Yes Yes □ No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 83 TALLAHASSEE FL 32301 84 City Zip Code 85 11. Pursuant to the provisions of Sections 607.05.02 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) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Addition 1.1 TITLE Change TITLE STUDLEY, JULIEN J NAME 1.2 NAME 118 E. 60TH STREET STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY 10022** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MAREK, FREDERICK K 2.2 NAME NAME 2 SUTTON PL. SOUTH STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY 10022** CITY-ST-ZIP 2. 4 CMY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE SOLOMON, MAURICE H 3.2 NAME NAME **530 PARK AVENUE** STREET ADDRESS 3.3 STREET ADDRESS NEW YORK NY 10022 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4 1 TITLE Change TITLE SCHNABEL, DONALD NAME 4. 2 NAME 300 E. 57TH STREET 4.3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10022 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 DITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 63 STREET ADDRESS STREET ADDRESS City - ST - 7IP 14. I hereby certify that the information supplied with this filling 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 encouraged by ecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapged or go an attachment with praddress.

4/28/98

012-526-1000

**FILED**