

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

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 827523 (2)
 1. Corporation Name
2154 TRADING CORPORATION



Principal Place of Business ONE MADISON AVENUE AREA 8-E NEW YORK NY 10010 US	Mailing Address ONE MADISON AVENUE AREA 8-E NEW YORK NY 10010-3803 US
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

3. Date Incorporated or Qualified 02/23/1972	3a. Date of Last Report 05/01/1996
4. FET Number 13-2656285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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 type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	
B1 Name	
B2 Street Address (P.O. Box Number is Not Acceptable)	
B3	
B4 City	FL B5 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 _____ DATE _____
Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	ARNHOLT, FREDERICK E		
STREET ADDRESS	1800 BALLYUNION DR.		
CITY-ST-ZIP	DULUTH GA		
TITLE	VD	<input checked="" type="checkbox"/> DELETE	
NAME	RIPBERGER, WILLIAM R.		
STREET ADDRESS	9 JUNIPER ROAD		
CITY-ST-ZIP	ROWAYTON CT		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	TYPERMASS, ARTHUR G.		
STREET ADDRESS	143 CHESTNUT ST		
CITY-ST-ZIP	GARDEN CITY NY		
TITLE	AT	<input type="checkbox"/> DELETE	
NAME	BRASH, STEVEN J.		
STREET ADDRESS	322 E. 84TH ST.		
CITY-ST-ZIP	NEW YORK NY		
TITLE	PDC	<input type="checkbox"/> DELETE	
NAME	DIGNEY, JAMES B.		
STREET ADDRESS	20 POPLAR PLAIN ROAD		
CITY-ST-ZIP	WESTPORT CT		
TITLE	VSD	<input checked="" type="checkbox"/> DELETE	
NAME	WILCOMES, RONALD H.		
STREET ADDRESS	9 LYNCREST DR.		
CITY-ST-ZIP	PARAMUS NJ		
11 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
12 NAME			
13 STREET ADDRESS			
14 CITY-ST-ZIP			
21 TITLE	V/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
22 NAME	ROBERT N. JENKINS		
23 STREET ADDRESS	1185 PARK AVENUE		
24 CITY-ST-ZIP	NEW YORK, NY		
31 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE	V/S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
62 NAME	RICHARD S. COLLINS		
63 STREET ADDRESS	72 WEST BROTHER DRIVE		
64 CITY-ST-ZIP	GREENWICH, CT		

14. I do 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.

SIGNATURE: *Steven J. Brash* Steven J. Brash 4/29/97 (212) 578-6494

CR2E034 (9/96)