

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 AUG 10 PM 12:38
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 835469 (8)

1. Corporation Name
WARBURG, PINCUS COUNSELORS, INC.

Principal Place of Business	Mailing Address
C/O C T CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324	C/O C T CORPORATION SYSTEM 8751 W. BROWARD BLVD. PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified	3a. Date of Last Report
11/24/1975	02/08/1994
4. FEI Number	Applied For
13-2673503	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Warburg Pincus Counsellors	26 Warburg Pincus Counsellors
Suite, Apt. #, etc. 22 466 Lexington Ave., 10th Fl	Suite, Apt. #, etc. 27 466 Lexington Ave., 10th Fl
City & State 23 New York, NY	City & State 28 New York, NY
Zip 24 10017	Country 25 US
Zip 29 10017	Country 30 US

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				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3			
				B4	City	FL	B5

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 the filer, if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	C	1. TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINCUS, LIONEL I.	12. NAME	Pincus, Lionel I.
STREET ADDRESS	466 LEXINGTON AVE 10 FL.	13. STREET ADDRESS	466 Lexington Avenue 10th Fl.
CITY - ST - ZIP	NEW YORK, NY 00000	14. CITY - ST - ZIP	New York, NY 10017
TITLE	P	21. TITLE	C/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURTH, JOHN L.	22. NAME	Furth, John L.
STREET ADDRESS	466 LEXINGTON AVE 10 FL.	23. STREET ADDRESS	466 Lexington Avenue 10th Fl.
CITY - ST - ZIP	NEW YORK NY	24. CITY - ST - ZIP	New York, NY 10017
TITLE	D	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOGELSTEIN, JOHN L.	32. NAME	
STREET ADDRESS	277 PARK AVENUE	33. STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 00000	34. CITY - ST - ZIP	
TITLE	D	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEIBOWITZ, REUBEN S.	42. NAME	
STREET ADDRESS	466 LEXINGTON AVE 10 FL.	43. STREET ADDRESS	
CITY - ST - ZIP	NEW YORK, NY 00000	44. CITY - ST - ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

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 on an attachment with an address.

SIGNATURE: Karen Amato 8/2/95 (212) 878-9546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Required if Block 2)

CR2E034 (3/95)