

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

DOCUMENT # **835469** (8)

1. Corporation Name
WARBURG, PINCUS COUNSELORS, INC.



Principal Place of Business: **WARBURG PINCUS COUNSELLORS
466 LEXINGTON AVENUE 10TH FL
NEW YORK NY 10017
US**

Mailing Address: **WARBURG PINCUS COUNSELLORS
466 LEXINGTON AVENUE 10TH FLOOR
NEW YORK NY 10017
US**

3. Date Incorporated or Qualified: **11/24/1975** 3a. Date of Last Report: **08/10/1995**

4. FEI Number: **13-2673503** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 Warburg, Pincus Counsellors**
State, Apt. #, etc.: **22 466 Lexington Avenue, 10FL.**
City & State: **23 New York, NY**
Zip: **24 10017** Country: **25 US**

2a. Mailing Address: **26 Warburg, Pincus Counsellors**
State, Apt. #, etc.: **27 466 Lexington Ave., 10th FL**
City & State: **28 New York, NY**
Zip: **29 10017** Country: **30 US**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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 607.0302 and 607.1506, 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: _____

12. OFFICERS AND DIRECTORS

TITLE: **D** DELETE

NAME: **PINCUS, LIONEL I.**

STREET ADDRESS: **466 LEXINGTON AVE 10 FL.**

CITY-ST-ZIP: **NEW YORK, NY 00000**

TITLE: **CD** DELETE

NAME: **FURTH, JOHN L.**

STREET ADDRESS: **466 LEXINGTON AVE 10 FL.**

CITY-ST-ZIP: **NEW YORK NY**

TITLE: **D** DELETE

NAME: **VOGELSTEIN, JOHN L.**

STREET ADDRESS: **277 PARK AVENUE**

CITY-ST-ZIP: **NEW YORK, NY 00000**

TITLE: **D** DELETE

NAME: **LEIBOWITZ, REUBEN S.**

STREET ADDRESS: **466 LEXINGTON AVE 10 FL.**

CITY-ST-ZIP: **NEW YORK, NY 00000**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE: _____ Change Addition

1.2 NAME: _____

1.3 STREET ADDRESS: _____

1.4 CITY-ST-ZIP: _____

2.1 TITLE: _____ Change Addition

2.2 NAME: _____

2.3 STREET ADDRESS: _____

2.4 CITY-ST-ZIP: _____

3.1 TITLE: _____ Change Addition

3.2 NAME: _____

3.3 STREET ADDRESS: _____

3.4 CITY-ST-ZIP: _____

4.1 TITLE: _____ Change Addition

4.2 NAME: _____

4.3 STREET ADDRESS: _____

4.4 CITY-ST-ZIP: _____

5.1 TITLE: _____ Change Addition

5.2 NAME: _____

5.3 STREET ADDRESS: _____

5.4 CITY-ST-ZIP: _____

6.1 TITLE: _____ Change Addition

6.2 NAME: _____

6.3 STREET ADDRESS: _____

6.4 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

CR2E034 (12/95)