

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 # **837430** (8)

1. Corporation Name

TBG INC.



Principal Place of Business

Mailing Address

565 FIFTH AVE
 NEW YORK NY 10017-2413
 US

565 FIFTH AVE
 NEW YORK NY 10017-2413
 US

2. Principal Place of Business

2a. Mailing Address

22 State, Apt. #, etc.

27 State, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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 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

Signature of Registered Agent (print name and title)

Signature of President, Vice-President, Secretary or Treasurer (print name and title)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	HAEGELE, JACK E.	
STREET ADDRESS	239 NAVAJO DRIVE	
CITY-STATE-ZIP	WYKOFF NJ	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GREEN, STEPHEN	
STREET ADDRESS	1588 UNION AVE	
CITY-STATE-ZIP	HEWLETT NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CUTLER, RICHARD J.	
STREET ADDRESS	190 FEN WAY	
CITY-STATE-ZIP	SYOSSET NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHATFIELD, CHARLES H JR	
STREET ADDRESS	110 MANOR AVE	
CITY-STATE-ZIP	CRANFORD NJ	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVINE, ROBERT B.	
STREET ADDRESS	124 S MARION PLACE	
CITY-STATE-ZIP	ROCKVILLE CENTRE NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOORE, JACK	
STREET ADDRESS	3 RUE LOUIS AUREGLIA	
CITY-STATE-ZIP	MONACO	

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-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 to this report.

SIGNATURE: *Robert B. Levine* **ROBERT B. LEVINE**
 VICE-PRESIDENT

1/16/96

212-850-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DATE/TIME PHONE #

CR2E034 (12/95)