

FILE NOW; FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # 837553 (7)

1. Corporation Name

UNITED STATES TRUST COMPANY OF NEW YORK

95 FEB -9 AM 11:49

Principal Place of Business

**114 WEST 47TH STREET
NEW YORK NY 10036**

Mailing Address

**114 WEST 47TH STREET
NEW YORK NY 10036**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
12/16/1976

3a. Date of Last Report
07/20/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

4. FEI Number
13-5458966

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

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **DVT**
NAME: **ROBERTS, DONALD M.**
STREET ADDRESS: **10 GRACIE SQUARE**
CITY - ST - ZIP: **NEW YORK, NY 00000**

TITLE: **DP**
NAME: **MAURER, JEFFREY S.**
STREET ADDRESS: **10 CLOVER DRIVE**
CITY - ST - ZIP: **GREAT NEACK NY**

TITLE: **DC**
NAME: **SCHWARZ, MARSHALLH.**
STREET ADDRESS: **1220 PARK AVE**
CITY - ST - ZIP: **NEW YORK NY**

TITLE: **DV**
NAME: **WONHAM, FREDERICK S.**
STREET ADDRESS: **114 WEST 47TH STREET**
CITY - ST - ZIP: **NEW YORK NY**

TITLE: **DV**
NAME: **TAYLOR, FREDERICK B.**
STREET ADDRESS: **114 WEST 47TH STREET**
CITY - ST - ZIP: **NEW YORK NY**

TITLE: **VS**
NAME: **STRICKLAND, CAROL A**
STREET ADDRESS: **114 WEST 47TH STREET**
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 110.07(3)(b), 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 addressee.

SIGNATURE:

(Signature)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/95 (212) 852-1000
Date Division Filing #