

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **840831** (2)
1. Corporation Name
CORPORATE FILING SERVICE, INC.



Principal Place of Business: **% PRENTICE-HALL CORPORATION SYSTEM 375 HUDSON ST. NEW YORK NY 10014**
Mailing Address: **% PRENTICE-HALL CORPORATION SYSTEM 375 HUDSON ST. NEW YORK NY 10014**

3. Date Incorporated or Qualified: **06/12/1978**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **14-1537954**
Applied For: 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
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
City & State: 27
Zip: 28
Country: 29

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1110 NORTH MAGNOLIA ST.
TALLAHASSEE FL 32301**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	KUSHAY, RICHARD
STREET ADDRESS	375 HUDSON ST.
CITY-ST-ZIP	NEW YORK NY 10014
TITLE	VPS <input checked="" type="checkbox"/> DELETE
NAME	ASH, EILEEN
STREET ADDRESS	375 HUDSON ST.
CITY-ST-ZIP	NEW YORK NY 10014
TITLE	VPTD <input checked="" type="checkbox"/> DELETE
NAME	CAMPANA, ANITA
STREET ADDRESS	375 HUDSON ST.
CITY-ST-ZIP	NEW YORK NY 10014
TITLE	AVAS <input type="checkbox"/> DELETE
NAME	VAN NAME, JUDY
STREET ADDRESS	375 HUDSON ST.
CITY-ST-ZIP	NEW YORK NY 10014
TITLE	AVAT <input type="checkbox"/> DELETE
NAME	DOSCHER, MARIA
STREET ADDRESS	375 HUDSON ST.
CITY-ST-ZIP	NEW YORK NY 10014
TITLE	<input type="checkbox"/> DELETE

1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN H. PELLETIER
1.3 STREET ADDRESS	375 HUDSON STREET-11TH FLOOR
1.4 CITY-ST-ZIP	NEWYORK, NEWYORK 10014
2.1 TITLE	VICE PRESIDENT/SECRETARY <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LORELEI ACKERMAN
2.3 STREET ADDRESS	375 HUDSON STREET-11TH FLOOR
2.4 CITY-ST-ZIP	NEWYORK, NEWYORK 10014
3.1 TITLE	VICE PRESIDENT/TREASURER <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ANITA CAMPANA
3.3 STREET ADDRESS	375 HUDSON STREET-11TH FLOOR
3.4 CITY-ST-ZIP	NEWYORK, NEWYORK 10014
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	200001793262 <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-04/24/96--01078--022
5.3 STREET ADDRESS	***200.00
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Anita Campana* 4-9-96 212-463-4674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

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4.24

OFFICERS

PRESIDENT

JOHN H. PELLETIER

**VICE PRESIDENT
& SECRETARY**

LORELEI ACKERMAN

**VICE PRESIDENT
& TREASURER**

ANITA CAMPANA

**ASST. VICE PRES.
& ASST. SECRETARY**

JUDY VAN NAME

**ASST. VICE PRES.
& ASST. TREASURER**

MARIA DOSCHER

ALL TO:

**375 HUDSON STREET
NEW YORK, NEW YORK
10014**

DIRECTORS

JOHN H. PELLETIER

LORELEI ACKERMAN

ANITA CAMPANA

REV. 1/5/96