

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR 23 AM 11:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 10014-3658

3. Date Incorporated or Qualified 08/12/1978
3a. Date of Last Report 04/24/1996

21. Principal Place of Business 1013 Centre Rd Suite, Apt. #, etc.	2a. Mailing Address 1013 Centre Rd Suite, Apt. #, etc.	4. FEI Number 14-1537854	Applied For Not Applicable
22. City & State Wilmington DE	27. City & State Wilmington DE	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip 19805	28. Zip 19805	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country USA	29. Country USA	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1110 NORTH MAGNOLIA ST. TALLAHASSEE FL 32301	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 400002151674--1 83 -04/23/97--01052--007 ****165.00 ****165.00 84 City FL 85 Zip Code
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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	PELLETIER, JOHN H. 375 HUDSON STREET-11TH FLOOR NEW YORK NY 10014 <input checked="" type="checkbox"/> DELETE	1.1 TITLE Daniel R Butler <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		1.2 NAME 1013 Centre Rd	
STREET ADDRESS		1.3 STREET ADDRESS Wilmington, DE 19805	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP/S	ACKERMAN, LORELEI 375 HUDSON STREET-11TH FLOOR NEW YORK NY 10014 <input checked="" type="checkbox"/> DELETE	2.1 TITLE VP/S William G Pappas <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS 1013 Centre Rd	
CITY-ST-ZIP		2.4 CITY-ST-ZIP Wilmington DE 19805	
TITLE VP/T	CAMPANA, ANITA 375 HUDSON STREET-11TH FLOOR NEW YORK NY 10014 <input checked="" type="checkbox"/> DELETE	3.1 TITLE VP/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		3.2 NAME Bruce R Winn	
STREET ADDRESS		3.3 STREET ADDRESS 1013 Centre Rd	
CITY-ST-ZIP		3.4 CITY-ST-ZIP Wilmington DE 19805	
TITLE AVAS	VAN NAME, JUDY 375 HUDSON ST. NEW YORK NY 10014 <input checked="" type="checkbox"/> DELETE	4.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		4.2 NAME William H Freeburn	
STREET ADDRESS		4.3 STREET ADDRESS 1013 Centre Rd	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Wilmington DE 19805	
TITLE AVAT	DOSCHER, MARIA 375 HUDSON ST. NEW YORK NY 10014 <input checked="" type="checkbox"/> DELETE	5.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		5.2 NAME Peter Malkin	
STREET ADDRESS		5.3 STREET ADDRESS 1013 Centre Rd	
CITY-ST-ZIP		5.4 CITY-ST-ZIP Wilmington DE 19805	
TITLE <input checked="" type="checkbox"/> DELETE		6.1 TITLE VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME		6.2 NAME Mark A Rosser	
STREET ADDRESS		6.3 STREET ADDRESS 1013 Centre Rd	
CITY-ST-ZIP		6.4 CITY-ST-ZIP Wilmington DE 19805	MWB

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] 4-9-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0004932

CR2E034 (9/96)