FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **852525** **(5)**

1. Corporation Name

ZAR CORP.

Principal Place of Business	Mailing Address
411 W PUTNAM AVE GREENWICH CT 06820 US	411 W PUTNAM AVE GREENWICH CT 06820 US

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 500 West Putnam Ave	Suite, Apt. #, etc. 27 500 west Putnam Ave.
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified: **04/08/1982**	3a. Date of Last Report: **10/10/1995**
4. FEI Number: **13-3065239**	☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 Section 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 New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAZANOFF, JAY		1.2 NAME	
STREET ADDRESS	41 BENEDICT ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	STATEN ISLAND NY		1.4 CITY-ST-ZIP	
TITLE	VPA	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, DANIEL		2.2 NAME	
STREET ADDRESS	747 THRID AVENUE-10TH FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		2.4 CITY-ST-ZIP	
TITLE	VPA	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ZISES JAY		3.2 NAME	
STREET ADDRESS	477 MADISON AVE-14TH FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022		3.4 CITY-ST-ZIP	
TITLE	VPA	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ZISES, SELIG		4.2 NAME	
STREET ADDRESS	477 MADISON AVE-14TH FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022		4.4 CITY-ST-ZIP	
TITLE	VPA	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSMITH, STEPHEN		5.2 NAME	
STREET ADDRESS	5 EAST 42ND STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10017		5.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ADER RICHARD		6.2 NAME	
STREET ADDRESS	1370 AVE OF THE AMERICAS		6.3 STREET ADDRESS	
CITY-ST-ZIP	NY NY 10019		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: Richard Ader 2-14-96 203-629-3602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)