

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000002271 (4)**

1. Corporation Name

**SCHIEFFELIN PARTNER INC.**



Principal Place of Business

**2 PARK AVE.  
SUITE 1830  
NEW YORK NY 10016  
US**

Mailing Address

**2 PARK AVE.  
SUITE 1830  
NEW YORK NY 10016  
US**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified  
**05/03/1994**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number

**13-3423809**

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

**UNITED CORPORATE SERVICES, INC.  
801 NORTHEAST 167TH ST., STE. 300  
N. MIAMI BEACH FL 33162**

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 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 new registered agent and date of filing

(NOTE: Registered Agent signature required with Filing of this

DATE

12. OFFICERS AND DIRECTORS

|                |                               |                                 |
|----------------|-------------------------------|---------------------------------|
| TITLE          | <b>D</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>CAMPBELL, COLIN</b>        |                                 |
| STREET ADDRESS | <b>30 AVENUE HOCHÉ</b>        |                                 |
| CITY-ST-ZIP    | <b>75008 PARIS, FRANCE</b>    |                                 |
| TITLE          | <b>DPT</b>                    | <input type="checkbox"/> DELETE |
| NAME           | <b>INGRAM, BRUCE G</b>        |                                 |
| STREET ADDRESS | <b>2 PARK AVE., STE. 1830</b> |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10016</b>      |                                 |
| TITLE          | <b>V</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>MULLEN, ELIZABETH K</b>    |                                 |
| STREET ADDRESS | <b>2 PARK AVE., STE. 1830</b> |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY</b>            |                                 |
| TITLE          | <b>S</b>                      | <input type="checkbox"/> DELETE |
| NAME           | <b>LEVIN, ANNA H</b>          |                                 |
| STREET ADDRESS | <b>2 PARK AVE., STE. 1830</b> |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10016</b>      |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> DELETE |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |   |
|-------------------|---|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME           |   |
| 13 STREET ADDRESS |   |
| 14 CITY-ST-ZIP    |   |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           |   |
| 23 STREET ADDRESS |   |
| 24 CITY-ST-ZIP    |   |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |   |
| 33 STREET ADDRESS |   |
| 34 CITY-ST-ZIP    |   |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME           |   |
| 43 STREET ADDRESS |   |
| 44 CITY-ST-ZIP    |   |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME           |   |
| 53 STREET ADDRESS |   |
| 54 CITY-ST-ZIP    |   |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME           |   |
| 63 STREET ADDRESS |   |
| 64 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: **ELIZABETH K. MULLEN** *EKMullen*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/19/96** **312-340-7480**  
DATE DAYTIME PHONE #

CR2E034 (12/95)