

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

FILED
May 11 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F94000002271 (4)
 1. Corporation Name
SCHIEFFELIN PARTNER INC.



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| 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 |
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DO NOT WRITE IN THIS SPACE

| | | | | | | |
|--|--|--|--|---|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 | | 3. Date Incorporated or Qualified 05/03/1994 | 4. FEI Number 13-3423809 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | | | | |

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|--|--|--|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent UNITED CORPORATE SERVICES, INC. 801 NORTHEAST 167TH ST., STE. 300 N. MIAMI BEACH FL 33182 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAMPBELL, COLIN | 1.2 NAME | |
| STREET ADDRESS | 30 AVENUE HOICHE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | 75008 PARIS, FRANCE | 1.4 CITY-ST-ZIP | |
| TITLE | DPT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | INGRAM, BRUCE G | 2.2 NAME | |
| STREET ADDRESS | 2 PARK AVE., STE. 1830 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10016 | 2.4 CITY-ST-ZIP | |
| TITLE | V <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MULLEN, ELIZABETH K | 3.2 NAME | |
| STREET ADDRESS | 2 PARK AVE., STE. 1830 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY | 3.4 CITY-ST-ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LEVIN, ANNA H | 4.2 NAME | |
| STREET ADDRESS | 2 PARK AVE., STE. 1830 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW YORK NY 10016 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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: _____

CR2E034 (10/97)