

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

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90094 018 \*\*\*150.00

DOCUMENT # F94000002271

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip Country  
29

3. Date Incorporated or Qualified  
05/03/1994

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 owes the current year intangible Personal Property Tax.  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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        |                                 |
|----------------------------|------------------------|---------------------------------|
| TITLE                      | D                      | <input type="checkbox"/> DELETE |
| NAME                       | CAMPBELL, COLIN        |                                 |
| STREET ADDRESS             | 30 AVENUE HOCHÉ        |                                 |
| CITY-ST-ZIP                | 75008 PARIS, FRANCE    |                                 |
| TITLE                      | DPT                    | <input type="checkbox"/> DELETE |
| NAME                       | INGRAM, BRUCE G        |                                 |
| STREET ADDRESS             | 2 PARK AVE., STE. 1830 |                                 |
| CITY-ST-ZIP                | NEW YORK NY 10016      |                                 |
| TITLE                      | S                      | <input type="checkbox"/> DELETE |
| NAME                       | LEVIN, ANNA H          |                                 |
| STREET ADDRESS             | 2 PARK AVE., STE. 1830 |                                 |
| CITY-ST-ZIP                | NEW YORK NY 10016      |                                 |
| 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 |                        |  |
|---|------------------------|--|
| 1.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME  |                        |  |
| 1.3 STREET ADDRESS                                    |                        |  |
| 1.4 CITY-ST-ZIP                                       |                        |  |
| 2.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |                        |  |
| 2.3 STREET ADDRESS                                    |                        |  |
| 2.4 CITY-ST-ZIP                                       |                        |  |
| 3.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |                        |  |
| 3.3 STREET ADDRESS                                    |                        |  |
| 3.4 CITY-ST-ZIP                                       |                        |  |
| 4.1 TITLE   |                        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME  | FOLKMAN, MICHAEL       |  |
| 4.3 STREET ADDRESS                                    | 2 PARK AVENUE STE 1830 |  |
| 4.4 CITY-ST-ZIP                                       | NEW YORK, NY 10016     |  |
| 5.1 TITLE   |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |                        |  |
| 5.3 STREET ADDRESS                                    |                        |  |
| 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 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, with all other like empowered.

SIGNATURE: Michael Folkman RECORDED  
Date: 4/1/99 Daytime Phone # \_\_\_\_\_

CR2E034 (1.1/98)