

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



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

DOCUMENT # **F95000002978 (3)**

1. Corporation Name

**ARTREE HOLDING CORP.**



Principal Place of Business

Mailing Address

% CHEMICAL BANK  
 380 MADISON AVE.  
 NEW YORK NY 10017

% CHEMICAL BANK  
 380 MADISON AVE.  
 NEW YORK NY 10017

3. Date Incorporated or Qualified

3a. Date of Last Report

06/20/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

Applied For

13-3837464

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324

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 registered agent and title if applicable

(NOTE: Registered Agent signature required when retiring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |                                 |
|-----------------|----------------------------|---------------------------------|
| TITLE           | DP                         | <input type="checkbox"/> DELETE |
| NAME            | TSOU, GORDON               |                                 |
| STREET ADDRESS  | 380 MADISON AVE., 12TH FL. |                                 |
| CITY - ST - ZIP | NEW YORK NY 10017          |                                 |
| TITLE           | DVAS                       | <input type="checkbox"/> DELETE |
| NAME            | SKIBO, JOSEPH R            |                                 |
| STREET ADDRESS  | 380 MADISON AVE., 12TH FL. |                                 |
| CITY - ST - ZIP | NEW YORK NY 10017          |                                 |
| TITLE           | DV                         | <input type="checkbox"/> DELETE |
| NAME            | CLARKE, JOHN C             |                                 |
| STREET ADDRESS  | 380 MADISON AVE., 12TH FL. |                                 |
| CITY - ST - ZIP | NEW YORK NY 10017          |                                 |
| TITLE           | DV                         | <input type="checkbox"/> DELETE |
| NAME            | COSTA, ROBERT R            |                                 |
| STREET ADDRESS  | 380 MADISON AVE., 12TH FL. |                                 |
| CITY - ST - ZIP | NEW YORK NY 10017          |                                 |
| TITLE           | VS                         | <input type="checkbox"/> DELETE |
| NAME            | DORR, GEORGIANA            |                                 |
| STREET ADDRESS  | 380 MADISON AVE., 12TH FL. |                                 |
| CITY - ST - ZIP | NEW YORK NY 10017          |                                 |
| TITLE           | V                          | <input type="checkbox"/> DELETE |
| NAME            | ARNESSEN, DWIGHT I         |                                 |
| STREET ADDRESS  | 380 MADISON AVE., 12TH FL. |                                 |
| CITY - ST - ZIP | NEW YORK NY 10017          |                                 |

|                     |                        |   |
|---------------------|------------------------|---|
| 1.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                        |   |
| 1.3 STREET ADDRESS  | 380 Madison Ave, 9FL   |   |
| 1.4 CITY - ST - ZIP |                        |   |
| 2.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |                        |   |
| 2.3 STREET ADDRESS  | 380 Madison Ave 9FL    |   |
| 2.4 CITY - ST - ZIP |                        |   |
| 3.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                        |   |
| 3.3 STREET ADDRESS  | 380 Madison Ave, 11FL  |   |
| 3.4 CITY - ST - ZIP |                        |   |
| 4.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                        |   |
| 4.3 STREET ADDRESS  | 380 Madison Ave, 11 FL |   |
| 4.4 CITY - ST - ZIP |                        |   |
| 5.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |                        |   |
| 5.3 STREET ADDRESS  | 380 Madison Ave, 9FL   |   |
| 5.4 CITY - ST - ZIP |                        |   |
| 6.1 TITLE           |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME            |                        |   |
| 6.3 STREET ADDRESS  | 380 Madison Ave, 9FL   |   |
| 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

*Georgiana Dorr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGIANA DORR, VPS 6-21-96

212-622-3704  
 Day of Filing: 6/21/96

CR2E034 (3/96)