

**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 # F95000004262 (0)

1 - Corporation Name

REFG INVESTORS THREE, INC.



Principal Place of Business <b>140 BROADWAY NEW YORK NY 10005</b>	Mailing Address <b>140 BROADWAY NEW YORK NY 10005</b>
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3. Date Incorporated or Qualified <b>09/01/1995</b>	3a. Date of Last Report
4. FEI Number <b>13-3844068</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>c/o DLJ, Inc. 277 Park Avenue</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>c/o DLJ, Inc. 277 Park Avenue</b> Suite, Apt. #, etc.
22 <b>21st Fl. Attn:Corp. Tax Dept.</b> City & State	27 <b>21st Fl. Attn:Corp. Tax Dept.</b> City & State
23 <b>New York, New York</b> Zip	28 <b>New York, New York</b> Zip
24 <b>10172</b> Country	29 <b>10172</b> Country

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code <b>FL</b>
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10. Name and Address of New Registered Agent
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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 \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DCP</b>	1.1 TITLE	<b>DCP</b>
NAME	<b>ROITER, JAMES W</b>	1.2 NAME	<b>Roiter, James W</b>
STREET ADDRESS	<b>140 BROADWAY</b>	1.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY 10005</b>	1.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE	<b>DV</b>	2.1 TITLE	<b>DSVP</b>
NAME	<b>MACKINNON, DONALD J</b>	2.2 NAME	<b>MacKinnon, Donald J</b>
STREET ADDRESS	<b>140 BROADWAY</b>	2.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY 10005</b>	2.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE	<b>D</b>	3.1 TITLE	<b>D</b>
NAME	<b>GARRETT, CHARLES L</b>	3.2 NAME	<b>Garrett, Charles L</b>
STREET ADDRESS	<b>140 BROADWAY</b>	3.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY 10005</b>	3.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE	<b>D</b>	4.1 TITLE	<b>D</b>
NAME	<b>LAROCCA, N. DANTE</b>	4.2 NAME	<b>LaRocca, N. Dante</b>
STREET ADDRESS	<b>140 BROADWAY</b>	4.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY 10005</b>	4.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE	<b>S</b>	5.1 TITLE	<b>S</b>
NAME	<b>SIEGLER, THOMAS E</b>	5.2 NAME	<b>Siegler, Thomas E</b>
STREET ADDRESS	<b>140 BROADWAY</b>	5.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP	<b>NEW YORK NY 10005</b>	5.4 CITY-ST-ZIP	<b>New York, NY 10172</b>
TITLE		6.1 TITLE	<b>Tax Manager</b>
NAME		6.2 NAME	<b>Competiello, Mark A</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>277 Park Avenue</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>New York, NY 10172</b>

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CITY-ST-ZIP		6.4 CITY-ST-ZIP	<b>New York, NY 10172</b>

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 it changed or in an addendum with an address.

SIGNATURE: *Mark A Competiello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/96  
(212) 892-4939  
DATE TIME PHONE

CR2E034 (12/95)