

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

FILED

Feb 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **F95000004262 (0)**

1. Corporation Name

**REFG INVESTORS THREE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business

**C/O DLJ INC  
277 PARK AVENUE 21ST FLOOR  
NEW YORK NY 10172  
US**

Mailing Address

**C/O DLJ INC  
277 PARK AVENUE 21ST FLOOR  
NEW YORK NY 10172  
US**

2. Principal Place of Business

21 **C/O DLJ, Inc.**

Suite, Apt. #, etc.

22 **277 Park Ave., 35th Fl.**

City & State

23 **New York, NY**

Zip Country

24 **10172**

25

2a. Mailing Address

26 **C/O DLJ, Inc.**

Suite, Apt. #, etc.

27 **277 Park Ave., 35th Fl.**

City & State

28 **New York, NY**

Zip Country

29 **10172**

30

3. Date Incorporated or Qualified

**09/01/1995**

4. FEI Number

**13-3844068**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

Trust Fund Contribution ☐

**Added to Fees**

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

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 registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE  
NAME **MACKINNON, DONALD J**  
STREET ADDRESS **277 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **D** ☐ DELETE  
NAME **GARRETT, CHARLES L**  
STREET ADDRESS **277 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **VP** ☐ DELETE  
NAME **LAROCCA, N. DANTE**  
STREET ADDRESS **277 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **S** ☒ DELETE  
NAME **SIEGLER, THOMAS E**  
STREET ADDRESS **277 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

TITLE **T** ☐ DELETE  
NAME **COMPETIELLO, MARK A**  
STREET ADDRESS **277 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D/P** ☒ Change ☐ Addition  
1.2 NAME **Donald J. MacKinnon**  
1.3 STREET ADDRESS **277 Park Avenue**  
1.4 CITY-ST-ZIP **New York, NY 10172**

2.1 TITLE **D/V** ☒ Change ☐ Addition  
2.2 NAME **Charles L. Garrett**  
2.3 STREET ADDRESS **277 Park Avenue**  
2.4 CITY-ST-ZIP **New York, NY 10172**

3.1 TITLE **D/V** ☒ Change ☐ Addition  
3.2 NAME **N. Dante LaRocca**  
3.3 STREET ADDRESS **277 Park Avenue**  
3.4 CITY-ST-ZIP **New York, NY 10172**

4.1 TITLE **S** ☐ Change ☒ Addition  
4.2 NAME **Marjorie S. White**  
4.3 STREET ADDRESS **277 Park Avenue**  
4.4 CITY-ST-ZIP **New York, NY 10172**

5.1 TITLE **TX/M** ☒ Change ☐ Addition  
5.2 NAME **Mark A. Competiello**  
5.3 STREET ADDRESS **277 Park Avenue**  
5.4 CITY-ST-ZIP **New York, NY 10172**

6.1 TITLE ☐ Change ☐ 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 its registered 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 designated, or on an attachment with an address.

SIGNATURE:

**Mark A. Competiello**  
Tax Manager

FEB 17 1998

212-892-4939

CR2E034 (10/97)