

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F95000004264 (6)

1. Corporation Name
REFG INVESTOR FOUR, INC.



Principal Place of Business: **140 BROADWAY NEW YORK NY 10005**
Mailing Address: **140 BROADWAY NEW YORK NY 10005**

3. Date incorporated or Qualified: **09/01/1995**
3a. Date of Last Report

2. Principal Place of Business: **c/o DLJ, Inc. 277 Park Avenue 21st Fl. Attn: Corp. Tax Dept. New York, New York 10172**
2a. Mailing Address: **c/o DLJ, Inc. 277 Park Avenue 21st Fl. Attn: Corp. Tax Dept. New York, New York 10172**

4. FEI Number: **13-3847759**
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 has liability for intangible tax under s. 199.032, Florida Statutes: 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: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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	DCP	1.1 TITLE	DCP
NAME	ROITER, JAMES W	1.2 NAME	Roiter, James W
STREET ADDRESS	140 BROADWAY	1.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10005	1.4 CITY-ST-ZIP	New York, NY 10172
TITLE	DV	2.1 TITLE	DSVP
NAME	MACKINNON, DONALD J	2.2 NAME	Mackinnon, Donald J
STREET ADDRESS	140 BROADWAY	2.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10005	2.4 CITY-ST-ZIP	New York, NY 10172
TITLE	D	3.1 TITLE	D
NAME	GARRETT, CHARLES L	3.2 NAME	Garrett, Charles L
STREET ADDRESS	140 BROADWAY	3.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10005	3.4 CITY-ST-ZIP	New York, NY 10172
TITLE	D	4.1 TITLE	D
NAME	LAROCCA, N. DANTE	4.2 NAME	LaRocca, N. Dante
STREET ADDRESS	140 BROADWAY	4.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10005	4.4 CITY-ST-ZIP	New York, NY 10172
TITLE	S	5.1 TITLE	S
NAME	SIEGLER, THOMAS E	5.2 NAME	Siegler, Thomas E
STREET ADDRESS	140 BROADWAY	5.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY 10005	5.4 CITY-ST-ZIP	New York, NY 10172
TITLE		6.1 TITLE	Tax Manager
NAME		6.2 NAME	Competiello, Mark A
STREET ADDRESS		6.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP		6.4 CITY-ST-ZIP	New York, NY 10172

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 changed, or on an addition, with an address.

SIGNATURE: *Mark A. Competiello* 4/29/96 (212)892-4939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)