

2-21-98 B2621 C  
**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 # F95000004264 (6)**  
 1. Corporation Name  
**REFG INVESTOR FOUR, INC.**



Principal Place of Business: C/O DLJ INC, 277 PARK AVENUE, NEW YORK NY 10005, US

Mailing Address: C/O DLJ INC, 277 PARK AVENUE 21ST FLOOR, NEW YORK NY 10172, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **09/01/1995**

2. Principal Place of Business: 21 c/o DLJ, Inc., 22 277 Park Ave, 35th Fl., 23 New York, NY, 24 10172

26. Mailing Address: 26 c/o DLJ, Inc., 27 277 Park Ave, 35th Fl., 28 New York, NY, 29 10172

4. FEI Number: 13-3847759

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 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

85 Zip Code: FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	C/P
NAME	MACKINNON, DONALD J	1.2 NAME	Donald J. MacKinnon
STREET ADDRESS	277 PARK AVENUE	1.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10172
TITLE	VP	2.1 TITLE	V/D
NAME	GARRETT, CHARLES L	2.2 NAME	Charles L. Garrett
STREET ADDRESS	277 PARK AVE	2.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10172
TITLE	D	3.1 TITLE	V/D
NAME	LAROCCA, N. DANTE	3.2 NAME	N. Dante LaRocca
STREET ADDRESS	277 PARK AVE	3.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10172
TITLE	S	4.1 TITLE	S
NAME	SIEGLER, THOMAS E	4.2 NAME	Marjorie S. White
STREET ADDRESS	277 PARK AVE	4.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	New York, NY 10172
TITLE	T	5.1 TITLE	TX/M
NAME	COMPETIELLO, MARK A.	5.2 NAME	Mark A. Competiello
STREET ADDRESS	277 PARK AVENUE	5.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10172
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	C/P
NAME	MACKINNON, DONALD J	1.2 NAME	Donald J. MacKinnon
STREET ADDRESS	277 PARK AVENUE	1.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10172
TITLE	VP	2.1 TITLE	V/D
NAME	GARRETT, CHARLES L	2.2 NAME	Charles L. Garrett
STREET ADDRESS	277 PARK AVE	2.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10172
TITLE	D	3.1 TITLE	V/D
NAME	LAROCCA, N. DANTE	3.2 NAME	N. Dante LaRocca
STREET ADDRESS	277 PARK AVE	3.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10172
TITLE	S	4.1 TITLE	S
NAME	SIEGLER, THOMAS E	4.2 NAME	Marjorie S. White
STREET ADDRESS	277 PARK AVE	4.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	New York, NY 10172
TITLE	T	5.1 TITLE	TX/M
NAME	COMPETIELLO, MARK A.	5.2 NAME	Mark A. Competiello
STREET ADDRESS	277 PARK AVENUE	5.3 STREET ADDRESS	277 Park Avenue
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10172
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changing it, or on an attachment, with an address.

SIGNATURE: \_\_\_\_\_ Mark A. Competiello, Tax Manager, 212-892-4939

CR2E034 (10/97)