

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004265 (3)**

1. Corporation Name

**REFG INVESTOR ONE, INC.**



Principal Place of Business

Mailing Address

140 BROADWAY  
NEW YORK NY 10005

140 BROADWAY  
NEW YORK NY 10005

3. Date Incorporated or Qualified

09/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 **C/O DLJ, Inc.**  
**277 Park Avenue**  
Suite, Apt. #, etc.

26 **C/O DLJ, Inc.**  
**277 Park Avenue**  
Suite, Apt. #, etc.

4. FEI Number

13-3810633

Applied For

Not Applicable

22 **21st Fl. Attn:Corp. tax Dept.**  
City & State

27 **21st Fl. Attn:Corp. Tax Dept.**  
City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 **New York, New York**  
Zip Country

28 **New York, New York**  
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

24 10172

25

29 10172

30

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 607.0507 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 is required when filing.

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
DCP	ROITER, JAMES W	140 BROADWAY	NEW YORK NY 10005	<input type="checkbox"/>
DC	LARocca, N. DANTE	140 BROADWAY	NEW YORK NY 10005	<input type="checkbox"/>
S	MACKINNON, DONALD J	140 BROADWAY	NEW YORK NY 10005	<input type="checkbox"/>
V	GARRETT, CHARLES L	140 BROADWAY	NEW YORK NY 10005	<input type="checkbox"/>
S	SIEGLER, THOMAS E	140 BROADWAY	NEW YORK NY 10005	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DCP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Roiter, James W	
1.3 STREET ADDRESS	277 Park Avenue	
1.4 CITY - ST - ZIP	New York, NY 10172	
2.1 TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LaRocca, N. Dante	
2.3 STREET ADDRESS	277 Park Avenue	
2.4 CITY - ST - ZIP	New York, NY 10172	
3.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MacKinnon, Donald J	
3.3 STREET ADDRESS	277 Park Avenue	
3.4 CITY - ST - ZIP	New York, NY 10172	
4.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Garrett, Charles L	
4.3 STREET ADDRESS	277 Park Avenue	
4.4 CITY - ST - ZIP	New York, NY 10172	
5.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Siegler, Thomas E	
5.3 STREET ADDRESS	277 Park Avenue	
5.4 CITY - ST - ZIP	New York, NY 10172	
6.1 TITLE	Tax Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Competiello, Mark A	
6.3 STREET ADDRESS	277 Park Avenue	
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 attachment with an address.

SIGNATURE:

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

4/29/96

(212) 892-4939

CR2E034 (12/95)