

**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 # F95000004265 (3)**  
 1. Corporation Name  
**REFG INVESTOR ONE, INC..**



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 NEW YORK NY 10172 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21 c/o DLJ, Inc. Suite, Apt. #, etc. 22 277 Park Ave., 35th Fl. City & State 23**

2a. Mailing Address: **26 c/o DLJ, Inc. Suite, Apt. #, etc. 27 277 Park Ave., 35th Fl. City & State 28**

24 Zip Country 25 Country 29 Zip Country 30

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

4. FEI Number: **13-3810633** 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 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	LAROCCA, N. DANTE	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MACKINNON, DONALD J	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARRETT, CHARLES L	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	SIEGLER, THOMAS E	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COMPETIELLO, MARK	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	N. Dante LaRocca	
1.3 STREET ADDRESS	277 Park Avenue	
1.4 CITY-ST-ZIP	New York, NY 10172	
2.1 TITLE	P/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Donald J. MacKinnon	
2.3 STREET ADDRESS	277 Park Avenue	
2.4 CITY-ST-ZIP	New York, NY 10172	
3.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles L. Garrett	
3.3 STREET ADDRESS	277 Park Avenue	
3.4 CITY-ST-ZIP	New York, NY 10172	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 of this report, or on an attachment with an address.

SIGNATURE: *Mark A. Competiello* Mark A. Competiello Tax Manager FEB 17 1998 212-892-4939

CR2E034 (10/97)