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PROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004265

1. Corporation Name
REFG INVESTOR ONE, INC..



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O DLJ INC
277 PARK AVE. 35TH FLOOR
NEW YORK NY 10172
US

Mailing Address
C/O DLJ INC
277 PARK AVE. 35TH FLOOR
NEW YORK NY 10172
US

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 the current year Intangible Personal Property Tax.
Yes No

2. Principal Place of Business
21 c/o DLJ, Inc. Attn:Corp Tax
Suite, Apt. #, etc.

2a. Mailing Address
26 c/o DLJ, Inc. Attn:Corp Tax
Suite, Apt. #, etc.

22 277 Park Ave.
City & State

27 277 Park Ave.
City & State

23 New York, N.Y.
Zip Country

28 New York, N.Y.
Zip Country

24 10172
25 USA

29 10172
30 USA

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
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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows include VD LAROCCA, N. DANTE; PC MACKINNON, DONALD J; VD GARRETT, CHARLES L; S WHITE, MARJORIE S; TM COMPETIELLO, MARK A.

Table with 2 columns: Title, Name, Street Address, City-ST-ZIP. Rows 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4.

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 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: Mark A. Competiello, Tax Manager
January 21, 1999
212-892-4939
Date Daytime Phone #

CR2E034 (1/98)