

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004808 (0)**

1. Corporation Name

SALOMON REINVESTMENT COMPANY INC.



Principal Place of Business

Mailing Address

7 WORLD TRADE CENTER
NEW YORK NY 10048

7 WORLD TRADE CENTER
NEW YORK NY 10048

3. Date Incorporated or Qualified

10/05/1995

3a. Date of Last Report

Initial Filing

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

13-3845724

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

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 607.0502 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

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	BUSNELL, DAVID C	
STREET ADDRESS	7 WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	V	<input type="checkbox"/> DELETE
NAME	JARROUJ, AJAJ I	
STREET ADDRESS	7 WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	VCCO	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLES M	
STREET ADDRESS	7 WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	BAILEY, JEROME H	
STREET ADDRESS	7 WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SNOW, ZACHARY	
STREET ADDRESS	7 WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ALTER, ANDREW W	
STREET ADDRESS	7 WORLD TRADE CENTER	
CITY-ST-ZIP	NEW YORK NY 10048	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Compliance Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Scribner, Richard O.
3.3 STREET ADDRESS	Seven World Trade Center
3.4 CITY-ST-ZIP	New York, New York 10048
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: *Ajaj Jarrouj*, Ajaj Jarrouj, (212) 783-1170
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Executive Vice President Daytime Phone #

CR2E034 (12/95)