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May 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT



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

1998

DOCUMENT # F95000004808 (0)

1. Corporation Name
SALOMON REINVESTMENT COMPANY INC.



Principal Place of Business: 7 WORLD TRADE CENTER NEW YORK NY 10048
Mailing Address: 7 WORLD TRADE CENTER NEW YORK NY 10048-1102

3. Date Incorporated or Qualified: 10/05/1995
3a. Date of Last Report

2. Principal Place of Business (11)
2a. Mailing Address (26)
2. Suite, Apt. #, etc. (27)
2. City & State (28)
2. Zip (29) Country (30)

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
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

In accordance with 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] DATE: [Date]

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PDC NAME: BUSNELL, DAVID C STREET ADDRESS: 7 WORLD TRADE CENTER CITY-STATE-ZIP: NEW YORK NY 10048	<input type="checkbox"/> DELETE	1.1 TITLE: [Blank] 1.2 NAME: BUSHNELL, DAVID C 1.3 STREET ADDRESS: [Blank] 1.4 CITY-STATE-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: V NAME: JARROUJ, AJAJ I STREET ADDRESS: 7 WORLD TRADE CENTER CITY-STATE-ZIP: NEW YORK NY 10048	<input type="checkbox"/> DELETE	2.1 TITLE: DIRECTOR 2.2 NAME: HOROWITZ, GEDALE B 2.3 STREET ADDRESS: 7 WORLD TRADE CENTER 2.4 CITY-STATE-ZIP: NEW YORK, NY 10048	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: CO NAME: SCRIBNER, RICHARD O STREET ADDRESS: SEVEN WORLD TRADE CENTER CITY-STATE-ZIP: NEW YORK NY	<input type="checkbox"/> DELETE	3.1 TITLE: VP / CCO 3.2 NAME: [Blank] 3.3 STREET ADDRESS: [Blank] 3.4 CITY-STATE-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: CFO NAME: BAILEY, JEROME H STREET ADDRESS: 7 WORLD TRADE CENTER CITY-STATE-ZIP: NEW YORK NY 10048	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: [Blank] 4.2 NAME: [Blank] 4.3 STREET ADDRESS: [Blank] 4.4 CITY-STATE-ZIP: [Blank]	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: SNOW, ZACHARY STREET ADDRESS: 7 WORLD TRADE CENTER CITY-STATE-ZIP: NEW YORK NY 10048	<input type="checkbox"/> DELETE	5.1 TITLE: Assistant Treasurer 5.2 NAME: ROSEN, SAUL M 5.3 STREET ADDRESS: 7 WORLD TRADE CENTER 5.4 CITY-STATE-ZIP: NEW YORK, NY 10048	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE: S NAME: ALTER, ANDREW W STREET ADDRESS: 7 WORLD TRADE CENTER CITY-STATE-ZIP: NEW YORK NY 10048	<input type="checkbox"/> DELETE	6.1 TITLE: Assistant Secretary 6.2 NAME: [Blank] 6.3 STREET ADDRESS: [Blank] 6.4 CITY-STATE-ZIP: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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.

SIGNATURE: [Signature] SAUL M. ROSEN
Date: May 1, 1998
(212) 783-7000

CR2E034 (9/96)