


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90087 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004808

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 388 Greenwich Street 22 Suite, Apt. #, etc. 23 City & State New York, NY 24 Zip 10013 25 Country USA	2a. Mailing Address 26 388 Greenwich Street 27 Suite, Apt. #, etc. 28 City & State New York, NY 29 Zip 10013 30 Country USA	3. Date Incorporated or Qualified 10/05/1995	4. FEI Number 13-3845724	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 FL
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PDC <input checked="" type="checkbox"/> DELETE	NAME BUSHNELL, DAVID C	1.1 TITLE P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME Kelly, William
STREET ADDRESS 7 WORLD TRADE CENTER	CITY-ST-ZIP NEW YORK NY 10048	1.2 NAME	1.3 STREET ADDRESS 388 Greenwich Street
TITLE D <input type="checkbox"/> DELETE	NAME HOROWITZ, GEDALE B	1.4 CITY-ST-ZIP New York, NY 10013	2.1 TITLE C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7 WORLD TRADE CENTER	CITY-ST-ZIP NEW YORK NY	2.2 NAME Kleinman, Mark	2.3 STREET ADDRESS 388 Greenwich Street
TITLE VPCC <input checked="" type="checkbox"/> DELETE	NAME SCRIBNER, RICHARD O	2.4 CITY-ST-ZIP New York, NY 10013	3.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS SEVEN WORLD TRADE CENTER	CITY-ST-ZIP NEW YORK NY	3.2 NAME Jarrouj, Ajaj	3.3 STREET ADDRESS 390 Greenwich Street
TITLE D <input checked="" type="checkbox"/> DELETE	NAME HOROWITZ, GEDALE B	3.4 CITY-ST-ZIP New York, NY 10013	4.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7 WORLD TRADE CENTER	CITY-ST-ZIP NEW YORK NY 10048	4.2 NAME Singleton, Matthew	4.3 STREET ADDRESS 388 Greenwich Stret
TITLE AT <input type="checkbox"/> DELETE	NAME ROSEN, SAUL M	4.4 CITY-ST-ZIP New York, NY 10013	5.1 TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7 WORLD TRADE CENTER	CITY-ST-ZIP NEW YORK NY	5.2 NAME Cook, Patricia	5.3 STREET ADDRESS 388 Greenwich Street
TITLE AS <input type="checkbox"/> DELETE	NAME ALTER, ANDREW W	5.4 CITY-ST-ZIP New York, NY 10013	6.1 TITLE CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7 WORLD TRADE CENTER	CITY-ST-ZIP NEW YORK NY	6.2 NAME Milone, Charles	6.3 STREET ADDRESS 7 World Trade Center
		6.4 CITY-ST-ZIP New York, NY 10048	

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: Charles Milone **REQUIRED** Date: 4/6/99 Daytime Phone #: 212-783-0578

CR2E034 (1/98)