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

Mailing Address

2 PARK WAY

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

2 PARK WAY

CITY-ST-ZOF

STREET ADDRESS

STREET ACORESS

CITY-S1-20

TITLE

NAME

TITLE NAME



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # F9600005583 (7)

HUNTER DOUGLAS REAL PROPERTY, INC.

UPPER SADDLE RIVER NJ 07458

UPPER SADDLE RIVER NJ 07458

appears in Block 12 or Block 13 if changed, or on an attachment with an address

FUCHS, GERARD

2 PARK WAY

UPPER SADDLE RIVER NJ 07458-2311 UPPER SADDLE RIVER NJ 07458 Date Incorporated or Qualified 10/28/1996 3a. Date of Last Report 2a. Mailing Address 2. Principal Place of Business Applied For 21 26 Not Applicable Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes ☐ Yes ☐ No 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 81 Name 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 83 84 City 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 hyped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. 96/6) Change Addition DELETE 1.1 TITLE TITLE HOPKINS, MARVIN 1.2 NAME NAME 2 PARK WAY STREET ADDRESS 1.3 STREET ADDRESS **UPPER SADDLE RIVER NJ 07458** CHY-ST-ZIP 1.4 CITY-ST-ZIP ₩D: DELETE Change Addition 2.1 TITLE TITLE MEHRA, AJIT 2.2 NAME NAME 2 PARK WAY STREET ADDRESS 2.3 STREET ADDRESS **UPPER SADDLE RIVER NJ 07458** 2. 4 CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition TITLE 3.1 TITLE PARNASS, GEOFFREY 3.2 NAME NAME 2 PARK WAY STREET ADDRESS 3.3 STREET ADDRESS **UPPER SADDLE RIVER NJ 07458** 3.4. CITY-ST-ZIP CITY-ST-ZIP ... DELETÉ Channe Addition TITLE 4.1 TITLE **CONKLING, JAMES** NAME 4.2 NAME 2 PARK WAY 4.3 STREET ADDRESS STREET ADDRESS

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.4 CITY-ST-ZIP

14. I do heroby 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

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

FILED Feb 13 1997 8:00am Secretary of State

Addition

Addition

Change

Change

Daytime Phone #

