

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

FILED
Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # P11712 (7)

1. Corporation Name
TRANSAMMONIA, INC.



Principal Place of Business 350 PARK AVENUE NEW YORK NY 10022	Mailing Address 350 PARK AVENUE NEW YORK NY 10022-6022
--	---

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1986		3a. Date of Last Report 03/06/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 13-2679131		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent			
B1		Name					
B2		Street Address (P.O. Box Number is Not Acceptable)					
B3		City					
B4		State		FL			
B5		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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANTON, RONALD P.	1.2 NAME	
STREET ADDRESS	350 PARK AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EVP	2.2 NAME	H. Lawrence Berman
STREET ADDRESS	3109 W ML KING BLVD	2.3 STREET ADDRESS	350 Park Avenue
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	New York, NY 10022-6022
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SVPD	3.2 NAME	VP
STREET ADDRESS	LOWENFELS, FRED M.	3.3 STREET ADDRESS	David Kuhnert
CITY-ST-ZIP	350 PARK AVENUE	3.4 CITY-ST-ZIP	350 Park Avenue
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VPDC	4.2 NAME	Glenn S. Hickman
STREET ADDRESS	WEINER, EDWARD G	4.3 STREET ADDRESS	350 Park Avenue
CITY-ST-ZIP	350 PARK AVENUE	4.4 CITY-ST-ZIP	New York, NY 10022-6022
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D	5.2 NAME	VP/Asst. Sec.
STREET ADDRESS	STANTON, OLIVER K.	5.3 STREET ADDRESS	Louis Epstein
CITY-ST-ZIP	350 PARK AVE	5.4 CITY-ST-ZIP	350 Park Avenue
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VP
STREET ADDRESS		6.3 STREET ADDRESS	James Benfield
CITY-ST-ZIP		6.4 CITY-ST-ZIP	350 Park Avenue

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]* Sr. VP/Secretary 1-25-97 212-223-3200

CPRE034 (9/96)