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SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **P20933** (8)

1. Corporation Name
A.T. BROD & CO., INC.

Principal Place of Business 17 BATTERY PLACE 2125 NEW YORK NY 10004 US	Mailing Address 17 BATTERY PLACE S2125 NEW YORK NY 10004 US
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/16/1988	3a. Date of Last Report 02/09/1994
Suite, Apt. #, etc. 22 SUITE 2800	Suite, Apt. #, etc. 27 SUITE 2800	4. FEI Number 13-3176908	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE RD
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

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	S
NAME	MOLD-TORRES, JULIA A
STREET ADDRESS	35-612 RIVER DR S
CITY - ST - ZIP	JERSEY CITY NJ
TITLE	CD
NAME	BROD, ALBERT T.
STREET ADDRESS	15 PARK AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	PD
NAME	STUPAY, ARTHUR M
STREET ADDRESS	2700 WICKLOW ROAD
CITY - ST - ZIP	SHAKER HEIGHTS OH
TITLE	CD
NAME	TANEJA, JUGAL K
STREET ADDRESS	2745 KERSDALE DRIVE
CITY - ST - ZIP	PEPPER PIKE OH
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	EXEC VICE PRES/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MAXIMILIAN K. LAMMERS
1.3 STREET ADDRESS	14661 HILLBROOK LANE N #10
1.4 CITY - ST - ZIP	CHAGRIN FALLS, OH 44022
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 from an attachment with an address.

SIGNATURE: _____ DATE: **1/30/95** TELEPHONE: **212 422-5900**