


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90003 009 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000014202 ✓
 1. Corporation Name
QRS 10-18 (FL), INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 50 ROCKEFELLER PLAZA NEW YORK NY 10020	Mailing Address 50 ROCKEFELLER PLAZA NEW YORK NY 10020
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3. Date Incorporated or Qualified 02/20/1995	
4. FEI Number 13-3810595	Applied For <input type="checkbox"/> 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. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent
**THE PRENTICE HALL CORPORATION SYSTEM, INC.
 1201 HAYS ST, 105
 TALLAHASSEE FL 32301**

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

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	CAREY, WILLIAM	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TOWNSEND, CHARLES C	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, FRANCIS	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NICKELSON, DONALD E	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUDER, WILLIAM	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	YASMIN GUERRERO	
STREET ADDRESS	50 ROCKEFELLER PLZ, 2ND FLR	
CITY-ST-ZIP	NEW YORK NY 10020	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	H. AUGUSTUS CAREY	
2.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
2.4 CITY-ST-ZIP	NEW YORK, NY 10020	
3.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOHN J. PARK	
3.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
3.4 CITY-ST-ZIP	NEW YORK, NY 10020	
4.1 TITLE	EXECUTIVE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	GORDON F. DUGAN	
4.3 STREET ADDRESS	50 ROCKEFELLER PLAZA	
4.4 CITY-ST-ZIP	NEW YORK, NY 10020	
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 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: Yasmin Guerrero 7/2/99 (212) 492-1110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/99)