FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAR 21 PM 3:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001721 (0)

1. Corporation Name

ARBOR HOLDINGS CORP.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
111 E. 56 STREET SUITE 1501 NEW YORK NY 10022 US	111 E. 56 STREET SUITE 1501 NEW YORK NY 10022 US

3. Date Incorporated or Qualified: 04/07/1993
3a. Date of Last Report: 06/14/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27

City & State — 23
City & State — 28

Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 13-3547663 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ 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 **FL** 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD	1.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, JACQUES G	1.2 NAME	
STREET ADDRESS	111 E. 56 STREET, SUITE 1501	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MURRAY, JEAN J	2.2 NAME	
STREET ADDRESS	111 56 STREET, SUITE 1501	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	TERLINDEN, BAUDOUIN	3.2 NAME	
STREET ADDRESS	111 56 STREET, SUITE 1501	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DUCRAY, DENISE	4.2 NAME	
STREET ADDRESS	111 E. 56 STREET, SUITE 1501	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	☐ Change ☐ Addition
NAME	HAIMES, BURTON K	5.2 NAME	
STREET ADDRESS	C/O 1270 AVE. OF THE AMERICAS, 25TH FLOOR	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	☐ Change ☐ Addition
NAME	VOGELER, ALAN R JR.	6.2 NAME	
STREET ADDRESS	C/O 1270 AVE. OF THE AMERICAS, 25TH FLOOR	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10020	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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] VICE PRESIDENT JEAN JACQUES MURRAY 3/15/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
(212) 644-0123

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