FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
Feb 14 1996 8:00 am
Secretary of State

DOCUMENT # **P26505** **(8)**

1. Corporation Name

CORPORATION SERVICE COMPANY

Principal Place of Business

1013 CENTRE ROAD
WILMINGTON DE 19805
US

Mailing Address

P.O. BOX 591
WILMINGTON DE 19899
US

3. Date Incorporated or Qualified: 10/19/1989

3a. Date of Last Report: 01/24/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip 24 Country 25

2a. Mailing Address

26 375 HUDSON STREET

Suite, Apt. #, etc.

27 11TH FLOOR

City & State

28 NEW YORK NEW YORK

Zip 29 10014 Country 30

4. FEI Number: 51-0009810 ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: UNITED STATES CORPORATION COMPANY

82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET

83

84 City: TALLAHASSEE FL 85 Zip Code: 32301

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 of a member of the board of directors or officer required when filing) (Registered Agent Signature required when filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	ASST. VICE PRESIDENT	☐ Change XX Addition
NAME	BUTLER, DANIEL R.		1.2 NAME	JOHN H. PELLETIER	
STREET ADDRESS	1013 CENTRE ROAD		1.3 STREET ADDRESS	375 HUDSON STREET 11TH FLOOR	
CITY-ST-ZIP	WILMINGTON DE		1.4 CITY-ST-ZIP	NEW YORK NEW YORK 10014	
TITLE	V	XX DELETE	2.1 TITLE	VICE PRES & TREAS	XX Change ☐ Addition
NAME	FREEBORN, WILLIAM H., JR		2.2 NAME	BRUCE R. WINN	
STREET ADDRESS	1013 CENTRE ROAD		2.3 STREET ADDRESS	1013 CENTRE ROAD	
CITY-ST-ZIP	WILMINGTON DE		2.4 CITY-ST-ZIP	WILMINGTON DELAWARE 19805	
TITLE	T	XX DELETE	3.1 TITLE	VICE PRESIDENT & SECY.	XX Change ☐ Addition
NAME	PANARIELLO, LENA		3.2 NAME	WILLIAM G. POPEO	
STREET ADDRESS	1013 CENTRE ROAD		3.3 STREET ADDRESS	1013 CENTRE ROAD	
CITY-ST-ZIP	WILMINGTON DE		3.4 CITY-ST-ZIP	WILMINGTON DELAWARE 19805	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BURDICK, LALOR		4.2 NAME		
STREET ADDRESS	1013 CENTRE ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARVEL, HUNTER		5.2 NAME		
STREET ADDRESS	1013 CENTRE ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		5.4 CITY-ST-ZIP		
TITLE	VS	XX DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WINN, BRUCE R		6.2 NAME		
STREET ADDRESS	1013 CENTRE RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: John H. Pelletier JOHN H. PELLETIER 1/17/96 (212) 463-4670

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #