

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

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**Apr 02 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 # P28188 (1)**

1. Corporation Name  
**200 SOUTH BISCAYNE CORPORATION**



Principal Place of Business  
**305 EAST 47TH STREET  
NEW YORK NY 10017**

Mailing Address  
**305 EAST 47TH STREET  
NEW YORK NY 10017-2303**

3. Date Incorporated or Qualified **02/20/1990**      3a. Date of Last Report **03/20/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>13-3559791</b>		Applied For <input type="checkbox"/> Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
23. Zip		28. Zip		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAUTNER, HANS C.</b>	1.2 NAME	
STREET ADDRESS	<b>305 E. 47TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MALONEY, J. M.</b>	2.2 NAME	
STREET ADDRESS	<b>305 E. 47TH STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, MICHAEL L.</b>	3.2 NAME	
STREET ADDRESS	<b>305 E. 47TH STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LYONS, WILLIAM J.</b>	4.2 NAME	
STREET ADDRESS	<b>305 E. 47TH STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED LIST</b>	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

**100002132001  
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\*\*\*165.00**

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: *William J. Lyons*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**William J. Lyons, Secretary**

CR2E034 (9/96)

*4/2/97*

March 20, 1997

PROPOSED OFFICERS

pg. 2 of 2

Hans C. Mautner	Chairman, President and Chief Executive Officer
G. Martin Fell	Senior Vice President
Michael L. Johnson	Senior Vice President and Chief Financial Officer
J. Michael Maloney	Senior Vice President
Mark S. Ticotin	Senior Vice President
William Bintzer	Vice President
Daniel J. Cohen	Vice President and Controller
Jane Fortenberry	Vice President
David L. Mack	Vice President
William J. Lyons	Vice President, Secretary and Assistant General Counsel
James O'Brien	Vice President
Harold E. Rolfe	Vice President and General Counsel
Robert J. Ross	Vice President
James M. Selonick	Vice President
Bruce S. Tobin	Vice President
Lois Weiss	Vice President and Associate General Counsel
Thomas E. Zacharias	Vice President
Marie-Claire Cunningham	Assistant Vice President
Robert Lowenfish	Treasurer
Jeanne LeMon	Assistant Controller
Patricia Vitelli	Assistant Controller
Barbara Briamonte	Assistant General Counsel and Assistant Secretary
Joseph Greenbaum	Assistant Treasurer
Neuman Wood	Assistant Secretary