

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **855727** (4)
1. Corporation Name
CLIPPER SOUTH SHORE, INC.

Principal Place of Business C/O CREDIT SUISSE FIRST BOSTON CORP 11 MADISON AVE NEW YORK NY 10048 US	Mailing Address C/O CREDIT SUISSE FIRST BOSTON CORP 5 WORLD TRADE CTR NEW YORK NY 10048 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/08/1983

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 13-3039747 Applied For Not Applicable	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
25 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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

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	S REICKE, AGNES F	1.1 TITLE	S Russo, Lori M.
NAME	11 MADISON AVE	1.2 NAME	11 Madison Avenue
STREET ADDRESS	NEW YORK NY	1.3 STREET ADDRESS	New York, NY 10010
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CP HENNESSY, JOHN M	2.1 TITLE	P Denunzio, David A.
NAME	11 MADISON AVE	2.2 NAME	11 Madison Avenue
STREET ADDRESS	NEW YORK NY	2.3 STREET ADDRESS	New York, NY 10010
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	C ONIS, CARLOS	3.1 TITLE	C Onis, Carlos
NAME	5 WORLD TRADE CTR.	3.2 NAME	11 Madison Avenue
STREET ADDRESS	NEW YORK NY	3.3 STREET ADDRESS	New York, NY 10010
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T HANAUER, LINDA H.	4.1 TITLE	
NAME	PARK AVE PLAZA	4.2 NAME	
STREET ADDRESS	NEW YORK NY	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	DOT LOHSEN, KENNETH J.	5.1 TITLE	DOT DeGennaro, Thomas A.
NAME	5 WORLD TRADE CTR	5.2 NAME	11 Madison Avenue
STREET ADDRESS	NEW YORK NY	5.3 STREET ADDRESS	New York, NY 10010
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	T MANNO, DIANNE	6.1 TITLE	T Manno, Dianne
NAME	5 WORLD TRADE CTR	6.2 NAME	11 Madison Avenue
STREET ADDRESS	NY NY	6.3 STREET ADDRESS	New York, NY 10010
CITY-ST-ZIP		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

Thomas A. DeGennaro

Thomas A. DeGennaro 2/2/98

(212) 325-1994

CP2E034 (10/97)