FILED
May 13 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 # 189306

1. Corporation Name BEN DISPOSITION, INC.

Principal Place of Business	Mailing Address
750 THIRD AVE. 4TH FL TAX NEW YORK, NY 10017-9701	750 THIRD AVE 4TH FL TAX NEW YORK, NY 10017-9701

3. Date Incorporated or Qualified: 12/02/1955
3a. Date of Last Report: 05/1/96

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

4. FEI Number: 59-0759562 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 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 FL 85 ZIP

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	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MASON, ARTHUR M.		1.2 NAME		
STREET ADDRESS	750 THIRD AVE		1.3 STREET ADDRESS	1271 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK, NY		1.4 CITY-ST-ZIP		
TITLE	CDP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	VOLPE, THOMAS J.		2.2 NAME		
STREET ADDRESS	1271 AVENUE OF THE AMERICAS		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FORSTER, ALLAN M.		3.2 NAME	FORSTER, ALAN M.	
STREET ADDRESS	1271 AVE OF THE AMERICAS		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GMORA, BARBARA S.		4.2 NAME		
STREET ADDRESS	1271 AVENUE OF THE AMERICAS		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	RW 5-13-97	☐ Change ☐ Addition
NAME	HOLTZ, NORMAN		5.2 NAME		
STREET ADDRESS	1271 AVENUE OF THE AMERICAS		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	200002189072 -05/23/97--01003--000 ***165.00	
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

ARTHUR MASON

SIGNATURE: Arthur Mason VICE PRESIDENT - TAXES 4/29/97 (212)399-8103
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

C63152
12-03-96