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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## FILED May 06, 1999 8:00 am \_\_\_\_ Secretary of State

05-06-1999 90125 050 \*\*\*150.00

## DOCUMENT # 189306

1. Corporation Name

City & State

Zip

24

-NEW-YORK

BEN DISPOSITION, INC.

| Principal Place of Business  | Mailing Address  |
|--|--|
| 750 THIRD AVE 4TH FL TAX DEPT<br>NEW YORK NY 10017-9701<br>US  | 750 THIRD AVE 4TH FL TAX DEPT<br>NEW YORK NY 10017-9701                      |
| 2. Principal Place of Business<br>C/O THE INTERVENIC GROUP OF CO., INC.<br>21 CHE DAG HAMMARSKJOLD PLAZA | 2a. Mailing Address Technolic Growf of Co, INC. 26 ONE DAE IMMMARCHJOW PLAZA |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.  |

City & State

Zip

-Now york

usA 10017 10017 25 29 9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105

N.Y.

TALLAHASSEE FL 32301

Country

DO NOT WRITE IN THIS SPACE

| 84 City 85 Zip Code | 83 |      |   |          |
|---------------------|----|------|---|----------|
|                     |    | City | 8 | Zip Code |

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Personal Property Tax.

Street Address (P.O. Box Number is Not Acceptable)

12/02/1955 4. FEI Number

59-0759562

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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME MASON, ARTHUR M NAME 1271 AVENUE OF THE AMERICAS 1.3 STREET ADDRESS STREET ADDRESS NEW YORK NY 10017-9701 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 2.1 TITLE TITLE VOLPE, THOMAS J. 2.2 NAME NAME 1271 AVE OF THE AMERICAS 2.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 2 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE FOSTER, ALLAN M. 3.2 NAME\_ \_\_ -NAME 1271 AVE OF THE AMERICAS 3.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME GMORA, BARBARA S 1271 AVE OF THE AMERICAS 4.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME HOLTZ, NORMAN NAME 5.3 STREET ADDRESS 1271 AVE OF THE AMERICAS STREET ADDRESS 5.4 CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP Addition Change 6.1 TITLE ☐ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

Country

30

USA

81 Name

82

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, with all other like empowered.

CITY-ST-ZIP

VICE PRESIDENT - TAXES

CR2E034

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**=** 184

Applied For Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

□No