

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

DOCUMENT # 265925 (8)

1. Corporation Name

ST ANTHONY MINNEAPOLIS INC



Principal Place of Business

Mailing Address

C/O HOWE & ADDINGTON
450 LEXINGTON AVE #3800
NEW YORK NY 10017
US

C/O HOWE & ADDINGTON
450 LEXINGTON #3800
NEW YORK NY 10017
US

3. Date Incorporated or Qualified **01/07/1963** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 C/O Howe & Addington LLP 26 C/O Howe & Addington LLP
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

4. FEI Number **59-1003626** 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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	DP	DELETE
NAME	SANN, JOHN	
STREET ADDRESS	245 PARK AVENUE	
CITY- ST- ZIP	NEW YORK NY 00000	
TITLE	DVS	DELETE
NAME	HOWE, EDWIN A., JR.	
STREET ADDRESS	450 LEXINGTON STE 3800	
CITY- ST- ZIP	NEW YORK NY 00000	
TITLE	DVS	DELETE
NAME	ADDINGTON, LAURENCE M.	
STREET ADDRESS	450 LEXINGTON AVE STE 3800	
CITY- ST- ZIP	NEW YORK NY 00000	
TITLE	TAS	DELETE
NAME	CIRNIGLIARO, JAMES N.	
STREET ADDRESS	450 LEXINGTON AVE #3800	
CITY- ST- ZIP	NEW YORK NY 00000	
TITLE	VAS	DELETE
NAME	CALLAHAN, STEVEN B	
STREET ADDRESS	450 LEXINGTON AVE STE 3800	
CITY- ST- ZIP	NEW YORK NY	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	25 Farragut Circle
1.4 CITY- ST- ZIP	New Rochelle, NY 10801
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Asst. Vice Pres & Asst. Secretary
2.3 STREET ADDRESS	Joseph DiSanto
2.4 CITY- ST- ZIP	450 Lexington Avenue, Suite 3800
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Director, Vice President & Assistant Secretary
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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:

James N. Cirnigliaro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James N. Cirnigliaro

4/18/96

(212) 490-1700

Date Daytime Phone #

CR2E034 (12/95)