SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/1/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 28 AM 10:10
TALLAHASSEE, FLORIDA

DOCUMENT # **529557** **(1)**

1. Corporation Name
LAMBRUM CORPORATION

Principal Place of Business	Mailing Address
C/O SAIF ADVISORS INC. 9 W. 57TH ST. 38TH FLOOR NEW YORK, NY. 10019	C/O SAIF ADVISORS INC. 9 W. 57TH ST. 38TH FLOOR NEW YORK, NY. 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/14/1977
3a. Date of Last Report: 04/20/1994
2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 59-1768397 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) (29) Country (25) (30)
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPOUANO, ALBERT D.
800 N. MAGNOLIA AVENUE
SUITE 1500
ORLANDO FL 32803

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 mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	11 TITLE	O, C, P	☒ Change ☐ Addition
NAME	BELLENS, DIBIER	12 NAME	Bellens, Didier	
STREET ADDRESS	9 W. 57TH STREET	13 STREET ADDRESS		
CITY, ST, ZIP	NEW YORK NY	14 CITY, ST, ZIP		
TITLE	DTS	21 TITLE	VP, T, S	☒ Change ☐ Addition
NAME	DEVOS, PATRICK	22 NAME		
STREET ADDRESS	9 W. 57TH STREET	23 STREET ADDRESS		
CITY, ST, ZIP	NEW YORK NY	24 CITY, ST, ZIP		
TITLE	VP	31 TITLE	D	☒ Change ☐ Addition
NAME	BALOG, JAMES	32 NAME	Anthony G. Barbuto	
STREET ADDRESS	9 W. 57TH ST. 38TH FLOOR	33 STREET ADDRESS	9 W. 57th St. 38th Floor	
CITY, ST, ZIP	NEW YORK NY	34 CITY, ST, ZIP	New York NY	
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Jacques Helbronner	
STREET ADDRESS		43 STREET ADDRESS	9 W. 57th St. 38th Floor	
CITY, ST, ZIP		44 CITY, ST, ZIP	New York NY	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Mohamad W. Khwajo	
STREET ADDRESS		53 STREET ADDRESS	9 W. 57th St. 38th Floor	
CITY, ST, ZIP		54 CITY, ST, ZIP	New York NY	
TITLE		61 TITLE	D	☐ Change ☒ Addition
NAME		62 NAME	Arnaud Viel	
STREET ADDRESS		63 STREET ADDRESS	9 W. 57th St. 38th Floor	
CITY, ST, ZIP		64 CITY, ST, ZIP	New York NY	

CR2E034 (2/95)

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

SIGNATURE: Albert G Bellens Director 7/17/95 Date 212-759-3700 (Telephone Number)
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR

0121001 FP