FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 24 AM 9:38

DOCUMENT # **599382** **(9)**

1. Corporation Name
SOUTH SHORE DEVELOPERS, INC.

Principal Place of Business	Mailing Address
C/O THE FIRST BOSTON CORPORATION 5 WORLD TRADE CENTER NEW YORK NY 10048	C/O THE FIRST BOSTON CORPORATION 5 WORLD TRADE CENTER NEW YORK NY 10048

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/19/1979**
3a. Date of Last Report: **05/01/1994**

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: **59-1887589** ☐ 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
110 NORTH MAGNOLIA STREET
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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	P	☒ Change ☐ Addition
NAME	MCAULIFFE, PAUL J	1.2 NAME	Lattin, A. Floyd	
STREET ADDRESS	PARK AVENUE PLAZA	1.3 STREET ADDRESS	Park Avenue Plaza	
CITY-ST-ZIP	NEW YORK, NY 00000	1.4 CITY-ST-ZIP	New York, NY 10055	
TITLE	S	2.1 TITLE	S	☒ Change ☐ Addition
NAME	ROELOF, JAY I	2.2 NAME	Russo, Lori M.	
STREET ADDRESS	PARK AVE. PLAZA	2.3 STREET ADDRESS	12 East 49th St.	
CITY-ST-ZIP	NEW YORK NY 10048	2.4 CITY-ST-ZIP	New York, NY 10017	
TITLE	T	3.1 TITLE		☐ Change ☐ Addition
NAME	MANNO DIANE	3.2 NAME		
STREET ADDRESS	5 WORLD TRADE CENTER	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10048	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	SEGNER, GERALD	4.2 NAME		
STREET ADDRESS	6 GATEWAY CENTER	4.3 STREET ADDRESS		
CITY-ST-ZIP	PITTSBURGH PA 15222	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	V.D	☒ Change ☐ Addition
NAME	DUB, ANTHONY V	5.2 NAME	Raziano, Robert M.	
STREET ADDRESS	PARK AVE. PLAZA	5.3 STREET ADDRESS	Park Avenue Plaza	
CITY-ST-ZIP	NEW YORK NY 10055	5.4 CITY-ST-ZIP	New York, NY 10055	
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	LOHSEN, KENNETH	6.2 NAME		
STREET ADDRESS	5 WORLD TRADE CENTER	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10040	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)(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 above, or on an attachment with an address.

SIGNATURE: Kenneth Lohsen Kenneth Lohsen 1/17/95 212-322-1770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001303 CP