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

1. Corporation Name

**SOUTH SHORE DEVELOPERS, INC.**

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

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

| | |
|---|---|
| 3. Date Incorporated or Qualified: **01/19/1979** | 3a. Date of Last Report: **01/24/1995** |
| 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: _____ (Signature, typed or printed name of registered agent and title, if applicable) (Both Registered Agent signature required when reinstating) DATE: _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 11 TITLE | | ☐ Change ☐ Addition |
| NAME | LATTIN, A. FLOYD | | 12 NAME | | |
| STREET ADDRESS | PARK AVENUE PLAZA | | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | 14 CITY-ST-ZIP | | |
| TITLE | S | ☐ DELETE | 21 TITLE | | ☐ Change ☐ Addition |
| NAME | RUSSO, LORI M. | | 22 NAME | | |
| STREET ADDRESS | 12 EAST 49TH STREET | | 23 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | 24 CITY-ST-ZIP | | |
| TITLE | T | ☐ DELETE | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | MANNO DIANE | | 32 NAME | | |
| STREET ADDRESS | 5 WORLD TRADE CENTER | | 33 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10048 | | 34 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | SEGNER, GERALD | | 42 NAME | | |
| STREET ADDRESS | 6 GATEWAY CENTER | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | PITTSBURGH PA 15222 | | 44 CITY-ST-ZIP | | |
| TITLE | VD | ☒ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | RAZIANO, ROBERT M. | | 52 NAME | | |
| STREET ADDRESS | PARK AVENUE PLAZA | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY | | 54 CITY-ST-ZIP | | |
| TITLE | D | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | LOHSEN, KENNETH | | 62 NAME | | |
| STREET ADDRESS | 5 WORLD TRADE CENTER | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | NEW YORK NY 10040 | | 64 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:** Kenneth Lohsen — 1/25/96 — 212-322-1770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)