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

APPROVED AND FILED

95 MAY -1 PM 3:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **805117** **(9)**

1. Corporate Name

NEW VALLEY CORPORATION

Principal Place of Business	Mailing Address
ONE MACK CENTRE DR ONE LAKE STREET PARAMUS NY 07652 US	ONE MACK CENTRE DR C/O TAX DEPT 2-9 PARAMUS NJ 07652 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/24/1939**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business
21: ONE MACK CENTRE DRIVE
22 Suite, Apt. #, etc.: c/o TAX DEPT, 2-9
23 City & State: PARAMUS, NJ
24 Zip: 07652
25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number: **13-5482050** ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 Section 607.0505, 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(S)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TYPE	CO	TYPE	☐ Change ☐ Addition
NAME	LEBOW, BENNETT S.	NAME	
STREET ADDRESS	ONE LAKE STREET	STREET ADDRESS	PLEASE SEE ATTACHED
CITY, ST, ZIP	UPPER SADDLE RVR,NJ00000	CITY, ST, ZIP	
TYPE	VT	TYPE	☐ Change ☐ Addition
NAME	MCKEE, DONALD F	NAME	
STREET ADDRESS	ONE LAKE STREET	STREET ADDRESS	LIST OF OFFICERS
CITY, ST, ZIP	UPPER SADDLE RVR,NJ00000	CITY, ST, ZIP	
TYPE	S	TYPE	☐ Change ☐ Addition
NAME	WALTERS, JOHN C.	NAME	
STREET ADDRESS	ONE LAKE STREET	STREET ADDRESS	AND DIRECTORS
CITY, ST, ZIP	UPPER SADDLE RVR,NJ00000	CITY, ST, ZIP	
TYPE	VC	TYPE	☐ Change ☐ Addition
NAME	AMMAN, ROBERT J.	NAME	
STREET ADDRESS	ONE LAKE STREET	STREET ADDRESS	
CITY, ST, ZIP	UPPER SADDLE RVR,NJ0	CITY, ST, ZIP	
TYPE	EP	TYPE	☐ Change ☐ Addition
NAME	CALVANO, JAMES F.	NAME	
STREET ADDRESS	ONE LAKE STREET	STREET ADDRESS	
CITY, ST, ZIP	UPPER SADDLE RVR NJ0	CITY, ST, ZIP	
TYPE	EVP	TYPE	☐ Change ☐ Addition
NAME	FUHRMAN, EDWARD J	NAME	
STREET ADDRESS	ONE LAKE STREET	STREET ADDRESS	
CITY, ST, ZIP	UPPER SADDLE RVR NJ	CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report 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: B. KIRKLAND
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ASST. SECRETARY

Date

(201)986-5100
Area Code & Daytime Phone Number

0394827 FP

805119

NEW VALLEY CORPORATION
ONE MACK CENTRE DRIVE
PARAMUS, NEW JERSEY 07652

DIRECTORS

Bennett S. Lebow
Howard M. Lorber
Richard S. Ressler
Gerald E. Sauter
Ronald J. Kramer
Paul L. McDermott
Barry W. Ridings
Arnold I. Burns
Henry C. Beinstein

OFFICERS

Bennett S. LeBow	Chairman of the Board, & Chief Executive Officer
Howard M. Lorber	President & Chief Operating Officer
Gerald E. Sauter	Treasurer, Vice President & Chief Financial Officer
Marc N. Bell	Secretary
J. Bryant Kirkland, III	Assistant Secretary

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

APPROVED

95 MAY ... PM 1:12

... FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 805183 (1)

1. Corporation Name

CALVERT INSURANCE COMPANY

Principal Place of Business	Mailing Address
2 HUDSON PLACE HOBOKEN NJ 07030	2 HUDSON PLACE HOBOKEN NJ 07030

3. Date Incorporated or Qualified: 03/11/1940
3a. Date of Last Report: 04/06/1994
4. FEI Number: 52-0261905 — ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
INSURANCE COMMISSIONER CAPITOL BLDG. TALLAHASSEE FL 32304	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 ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	WALTON, JOHN H	1.2 NAME	
STREET ADDRESS	2 HUDSON PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ	1.4 CITY-ST-ZIP	
TITLE	VC	2.1 TITLE	☐ Change ☐ Addition
NAME	ABBOTT, JOSEPH J.	2.2 NAME	
STREET ADDRESS	2 HUDSON PLACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	FINKELSTEIN, BRIAN W	3.2 NAME	
STREET ADDRESS	2 HUDSON PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOBOKEN NJ	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: [signature] 4/27/95 (201) 798-9500

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

BRIAN W FINKELSTEIN

0394618 FP