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 APR -3 PM 4:28

DOCUMENT # **810547** **(0)**

1. Corporation Name
FISCHBACH AND MOORE, INCORPORATED

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
7 HANOVER SQUARE NEW YORK NY 10004	7 HANOVER SQUARE NEW YORK NY 10004

3. Date Incorporated or Qualified: 09/27/1955
3a. Date of Last Report: 04/20/1994

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):

4. FEI Number: 13-0710600 ☐ 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
8751 W. BROWARD BLVD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** 65 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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	AS	☐ Change ☒ Addition
NAME	TURTURRO, AUGUST	12 NAME	BERLINER, SHARI	
STREET ADDRESS	2700 S. ZUNI STREET	13 STREET ADDRESS	7 HANOVER SQUARE	
CITY-ST-ZIP	ENGLEWOOD CO	14 CITY-ST-ZIP	NEW YORK NY 10004	
TITLE	VP	21 TITLE	TREASURER	☐ Change ☒ Addition
NAME	MOREY, RICHARD	22 NAME	WILLIAM LANDRY	
STREET ADDRESS	150 ROCK HILL RD.	23 STREET ADDRESS	2700 SOUTH ZUNI STREET	
CITY-ST-ZIP	BALA CYNWYD PA	24 CITY-ST-ZIP	ENGLEWOOD CO 80110	
TITLE	VPC	31 TITLE		☐ Change ☐ Addition
NAME	AMATURO, CIRO	32 NAME		
STREET ADDRESS	7 HANOVER SQUARE	33 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	SECRETARY - DIRECTOR	☒ Change ☐ Addition
NAME	POLAN, STEVEN	42 NAME	BROWN, GARY	
STREET ADDRESS	7 HANOVER SQUARE	43 STREET ADDRESS	2700 S. ZUNI STREET	
CITY-ST-ZIP	NEW YORK NY	44 CITY-ST-ZIP	ENGLEWOOD CO 80110	
TITLE	AS	51 TITLE		☐ Change ☐ Addition
NAME	NAZZARENO, KAREN	52 NAME		
STREET ADDRESS	7 HANOVER SQUARE	53 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS	7 HANOVER SQUARE	63 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10004	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)(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: Shari Berliner 3-25-95 (212) 440-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Shari Berliner, Ass't Secretary

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