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95 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **812610** **(4)**

1. Corporation Name
THE CURRY CORPORATION

Principal Place of Business	Mailing Address
727 CENTRAL AVE SCARSDALE NY 10583	727 CENTRAL AVE SCARSDALE NY 10583

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1958	3a. Date of Last Report: 06/16/1994
4. FEI Number: 13-1703181	☐ 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	

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 County

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 607.1547 and 617.1928, 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	D	TITLE	☐ Change ☐ Addition
NAME	TRIMPER, DIANE	NAME	
STREET ADDRESS	15 TOURNAMENT LANE	STREET ADDRESS	
CITY-ST-ZIP	PALM BCH GARDENS FL	CITY-ST-ZIP	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	O'SHAUGHNESSY, N	NAME	
STREET ADDRESS	LORD KITCHENER RD	STREET ADDRESS	
CITY-ST-ZIP	NEW ROCHELLE NY	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	CURRY, B F JR	NAME	
STREET ADDRESS	50 INVERNESS RD	STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	CITY-ST-ZIP	
TITLE	TD	TITLE	☐ Change ☐ Addition
NAME	CURRY, B F III	NAME	
STREET ADDRESS	50 INVERNESS RD	STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	CITY-ST-ZIP	
TITLE	SD	TITLE	☐ Change ☐ Addition
NAME	CURRY, LEIGH	NAME	
STREET ADDRESS	50 INVERNESS RD	STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	CITY-ST-ZIP	
TITLE	AD	TITLE	☐ Change ☐ Addition
NAME	CURRY, ROBIN	NAME	
STREET ADDRESS	50 INVERNESS RD	STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this report is true, complete, and accurate as of the last day of the month in which the report was filed. I further certify that the information indicated on this annual report or supplemental annual report is true, complete, 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 with an asterisk (*) or that no asterisk is required.

SIGNATURE: _____ President 4/27/95 (914) 723-9200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OF FIELD OF DIRECTOR

0473781 FP