

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 JUL -5 PM 2:05

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 826555

1. Corporation Name

HAYDEN-WEGMAN, INC.

Principal Place of Business

**330 WEST 42ND STREET
NEW YORK, NY 10036**

Mailing Address

**330 WEST 42ND STREET
NEW YORK, NY 10036**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/02/71

3a. Date of Last Report

05/94

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

13-1706474

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fees Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

Zip

24

Country

25

Zip

29

Country

30

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.
1201 HAYES STREET
SUITE 105
TALLAHASSEE, FL 32301**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** **B5** 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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	C/P/D
NAME	POCSIK ROBERT A
STREET ADDRESS	330 WEST 42ND STREET
CITY - ST - ZIP	NEW YORK, NY 10036
TITLE	V
NAME	SCHWARTZ SAMUEL I
STREET ADDRESS	330 WEST 42ND STREET
CITY - ST - ZIP	NEW YORK, NY 10036
TITLE	V/D
NAME	KALD LEMBIT
STREET ADDRESS	330 WEST 42ND STREET
CITY - ST - ZIP	NEW YORK, NY 10036
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	900001533989
14 CITY - ST - ZIP	-07/10/95--01088--023
21 TITLE	****225.00 ☐ Change ☒ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☒ Addition
42 NAME	T/D
43 STREET ADDRESS	SHIPLEY DONALD W
44 CITY - ST - ZIP	330 WEST 42ND STREET NEW YORK, NY 10036
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert A. Pocsik
Resident

4/24/95
Date

(212) 563-6900
Telephone