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 AM 10: 11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **831323** **(1)**

1. Corporation Name
CONGRESS TALCOTT CORPORATION

Principal Place of Business
1133 AVENUE OF AMERICAS
NEW YORK NY 10036

Mailing Address
1133 AVENUE OF AMERICAS
NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/27/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-2598375 ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

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 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 reinstating. DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1 1 TITLE	SAME ☑ Change ☐ Addition
NAME	GOLDMAN, ROBERT L	1 2 NAME	GOLDMAN ROBERT I
STREET ADDRESS	1133 AVENUE OF THE AMER.	1 3 STREET ADDRESS	SAME
CITY - ST - ZIP	NEW YORK NY	1 4 CITY - ST - ZIP	NEW YORK NY 10036
TITLE	D	2 1 TITLE	☑ Change ☐ Addition
NAME	MILLER, ROBERT A	2 2 NAME	REMOVE FROM REPORT.
STREET ADDRESS	1133 AVENUE OF THE AMER.	2 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	2 4 CITY - ST - ZIP	
TITLE	D	3 1 TITLE	☑ Change ☐ Addition
NAME	BERNSTEIN, BURT	3 2 NAME	
STREET ADDRESS	1133 AVENUE OF THE AMER.	3 3 STREET ADDRESS	/
CITY - ST - ZIP	NEW YORK NY	3 4 CITY - ST - ZIP	NEW YORK NY 10036
TITLE	T	4 1 TITLE	☑ Change ☐ Addition
NAME	SCHWARTZ, MORTON Z.	4 2 NAME	
STREET ADDRESS	1133 AVENUE OF THE AMER	4 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	4 4 CITY - ST - ZIP	NEW YORK NY 10036
TITLE	V	5 1 TITLE	☑ Change ☐ Addition
NAME	LUCARELLI, MICHELE	5 2 NAME	
STREET ADDRESS	1133 AVENUE OF THE AMER	5 3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5 4 CITY - ST - ZIP	NEW YORK NY 10036
TITLE		6 1 TITLE	☐ Change ☑ Addition
NAME		6 2 NAME	William DAVIS
STREET ADDRESS		6 3 STREET ADDRESS	1133 AVENUE OF THE AMER.
CITY - ST - ZIP		6 4 CITY - ST - ZIP	NEW YORK NY 10036

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: JIM MACKIN — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 4/26/95 — Daytime Phone # (212) 545-4271

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