

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835087 (8)

1. Corporation Name
HELMSLEY-SPEAR, INC.

Principal Place of Business

60 EAST 42 STREET
NEW YORK NY 10017

Mailing Address

60 EAST 42 STREET
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/26/1975
3a. Date of Last Report 04/26/1996

4. FEI Number 13-1804307
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 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	PD	1.1 TITLE	PD
NAME	HELMSLEY, HARRY B	1.2 NAME	Raymond H. Acquandro
STREET ADDRESS	36 CENTRAL PARK S	1.3 STREET ADDRESS	c/o Helmsley Enterprises Inc. 230 Park Ave
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York NY 10169
TITLE	VD	2.1 TITLE	
NAME	SCHNEIDER, IRVING	2.2 NAME	
STREET ADDRESS	880 FIFTH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	
NAME	SCHWARTZ, ALVIN	3.2 NAME	
STREET ADDRESS	33 BEVERLY ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GREAT NECK NY	3.4 CITY-ST-ZIP	
TITLE	ST	4.1 TITLE	C
NAME	TAGLIANETTI, RICHARD	4.2 NAME	Leona Helmsley
STREET ADDRESS	3135 GRAND AVENUE	4.3 STREET ADDRESS	26 Central Park South
CITY-ST-ZIP	BALDWIN NY	4.4 CITY-ST-ZIP	New York NY
TITLE	VP	5.1 TITLE	
NAME	HECHT, ROBERT	5.2 NAME	
STREET ADDRESS	328 HEATHCOTE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	JOHN B. TRAINOR	6.2 NAME	
STREET ADDRESS	446 MANOR RIDGE RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	PELHAM MANOR NY	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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] 09-15-97 212-888-0276