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FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # 835507 (5)

1. Corporation Name
IR-MAPLE CORP.

Attn: Angeline Taylor

Principal Place of Business
**G/O WEXFORD MANAGEMENT
 411 WEST PUTNAM AVE.
 GREENWICH CT 06830
 US**

Mailing Address
**G/O WEXFORD MANAGEMENT
 411 WEST PUTNAM AVE.
 GREENWICH CT 06830
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **NOVANSKY PRESID MGMT CO**
 Suite, Apt #, etc
 22 **Suite 270**
 City & State
 23 **GREENWICH CT**
 Zip
 24 **06830** 25 Country **US**

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 Suite, Apt #, etc
 27 **Suite 270**
 City & State
 28 **GREENWICH CT**
 Zip
 29 **06830** 30 Country **US**

3. Date Incorporated or Qualified
12/01/1975

4. FEI Number
13-2849697

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

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	HOLTZ, ROBERT	
STREET ADDRESS	411 WEST PUTNAM AVE. GREENWICH CT 06830	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GOVEIA, FRANK	
STREET ADDRESS	411 WEST PUTNAM AVE. GREENWICH CT 06830	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	PLAUMANN, MARK	
STREET ADDRESS	411 WEST PUTNAM AVE. GREENWICH CT 06830	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	STV	<input checked="" type="checkbox"/> DELETE
NAME	MAYNUDES, JAY	
STREET ADDRESS	411 WEST PUTNAM AVE. GREENWICH CT 06830	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	AMRON, ARTHUR	
STREET ADDRESS	411 WEST PUTNAM AVE. GREENWICH CT	
CITY-ST-ZIP	GREENWICH CT	
TITLE		<input checked="" type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	President
13 STREET ADDRESS	Richard Sabella
14 CITY-ST-ZIP	411 W. PUTNAM AVE - SUITE 270 GREENWICH, CT 06830
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Senior Vice President + CFO
23 STREET ADDRESS	Lawrence E. Schachter
24 CITY-ST-ZIP	(see above)
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Executive Vice President
33 STREET ADDRESS	Allan B. Rothschild
34 CITY-ST-ZIP	(see above)
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	VP Treasurer, Secretary
43 STREET ADDRESS	Kevin Reardon
44 CITY-ST-ZIP	(see above)
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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 in an attachment with an address.

SIGNATURE: *[Signature]* 3/18/98 803-862-7032

CR2E034 (10/97)