

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 835677 (6)
1. Corporation Name
WOOD, STRUTHERS & WINTHROP MANAGEMENT CORP.



Principal Place of Business
C/O DLJ, INC
277 PARK AVE., 21ST FLOOR
NEW YORK NY 10172

Mailing Address
C/O DLJ, INC
277 PARK AVE., 21ST FLOOR
NEW YORK NY 10172-0003

3. Date Incorporated or Qualified 12/31/1975
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2b. Mailing Address

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

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 29 Zip Country 30 Zip Country

4. FEI Number 13-2774791
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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	MENGES, CARL B.	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	COCHRAN, MOFFET G.	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	WALTMAN, GUY S.	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIEGLER, THOMAS E.	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	JAFFE, MARTIN	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	
TITLE	TX/M	<input type="checkbox"/> DELETE
NAME	COMPETIELLO, MARK A.	
STREET ADDRESS	277 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10172	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Competiello 1/16/97 (212) 892-4939

CR2E034 (9/96)