2-6-98 B - 1631 -C.

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

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Feb 06 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 # **835844** **(2)**

1. Corporation Name
MARQUETTE DE BARY CO., INC.

Principal Place of Business	Mailing Address
488 MADISON AVE. NEW YORK NY 10022	488 MADISON AVE. NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/27/1976**

4. FEI Number: **13-2841524** ☐ 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
21 477 MADISON AVE.	26 477 MADISON AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: NEW YORK NY	28 City & State: NEW YORK, NY
24 Zip: 10022 25 Country	29 Zip: 10022 30 Country

9. Name and Address of Current Registered Agent
UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
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 **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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE BARY, MARQUETTE		1.2 NAME		
STREET ADDRESS	477 MADISON AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BONJORINO, JOSEPH		2.2 NAME		
STREET ADDRESS	477 MADISON AVENUE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GROMET, RANDY		3.2 NAME		
STREET ADDRESS	477 MADISON AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GESELL, HERBERT		4.2 NAME		
STREET ADDRESS	477 MADISON AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NY NY		4.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	COLEY, JEANETTE		5.2 NAME		
STREET ADDRESS	477 MADISON AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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 on an attachment with an address.

SIGNATURE:

CR2E034 (10/97)