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 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **837294** **(8)**

1. Corporation Name

PROTEAN INVESTORS INC.

Principal Place of Business	Mailing Address
P.O. BOX 1703 WALL ST. STATION NEW YORK NY 10268	P.O. BOX 1703 WALL ST. STATION NEW YORK NY 10268

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/01/1976**

3a. Date of Last Report: **03/24/1994**

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

4. FEI Number: **13-2846810** ☐ 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

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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	MARCHAND, A.W.	12 NAME	
STREET ADDRESS	280 PARK AVE	13 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP	
TITLE	AT	21 TITLE	☐ Change ☐ Addition
NAME	MCPOLIN, JILL	22 NAME	
STREET ADDRESS	280 PARK AVE.	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	C	31 TITLE	☐ Change ☐ Addition
NAME	CHIN, RICHARD	32 NAME	
STREET ADDRESS	280 PARK AVE	33 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	CASTLEMAN, DONALD B.	42 NAME	
STREET ADDRESS	280 PARK AVE	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK, NY.	44 CITY ST ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	KITCHEN, JENNIFER	52 NAME	
STREET ADDRESS	280 PARK AVE.	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	
TITLE	AT	61 TITLE	☐ Change ☐ Addition
NAME	DIGRAZIA, JOSEPH	62 NAME	
STREET ADDRESS	280 PARK AVENUE	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK N.	64 CITY ST ZIP	

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)(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: Joseph DiGrazia 04/27/95 212250245 6
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0484331 FN