

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:34

DOCUMENT # 837430 (8)
1. Corporation Name
TBG INC.

Principal Place of Business Mailing Address
565 FIFTH AVE 565 FIFTH AVE
NEW YORK NY 10017-2413 NEW YORK NY 10017-2413
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		11/24/1976	02/15/1994
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		13-2526818	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25 Country		30 Country		<input type="checkbox"/>	<input type="checkbox"/>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 of legal or qualified person of registered agent and their appointee (NOTE: Registered Agent signature required when re-appointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAEGELE, JACK E.	1.2 NAME	Jack E Haegle
STREET ADDRESS	1211 AVE OF THE AMERICAS	1.3 STREET ADDRESS	239 Navajo Drive
CITY - ST - ZIP	NEW YORK, NY 10036	1.4 CITY - ST - ZIP	Wykoff, NJ
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, STEPHEN	2.2 NAME	
STREET ADDRESS	1588 UNION AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	HEWLETT NY	2.4 CITY - ST - ZIP	
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CUTLER, RICHARD J.	3.2 NAME	
STREET ADDRESS	190 FEN WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	SYOSSET NY	3.4 CITY - ST - ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHATFIELD, CHARLES H JR	4.2 NAME	
STREET ADDRESS	110 MANOR AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRANFORD NJ	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVINE, ROBERT B.	5.2 NAME	
STREET ADDRESS	124 S MARION PLACE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ROCKVILLE CENTRE NY	5.4 CITY - ST - ZIP	
TITLE	VD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JACK	6.2 NAME	
STREET ADDRESS	3 RUE LOUIS AUREGLIA	6.3 STREET ADDRESS	
CITY - ST - ZIP	MONACO	6.4 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)(b), 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, unchanged, or on an attachment with an address.

SIGNATURE: *Robert B. Levine* ROBERT B. LEVINE 1/11/95 212-850-8500
VICE-PRESIDENT