

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 840823 (9)**

1. Corporation Name  
**SPRAIN REALTY CORPORATION**



Principal Place of Business <b>411 WEST PUTNAM AVE.                  % CONCURRENCY MGMT CORP.                  GREENWICH CT 06830</b> <i>Attn: Angeline Taylor</i>	Mailing Address <b>411 WEST PUTNAM AVE.                  % CONCURRENCY MGMT CORP.                  GREENWICH CT 06830</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/12/1978**

4. FEI Number  
**13-2945436**

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

12. Principal Place of Business <i>70 Nova Scotia Presidio Mgmt Co</i> Suite, Apt., etc. <b>Suite 270</b> City & State	2a. Mailing Address <b>SAME</b> Suite, Apt., etc. City & State
23. Zip Country	29. Zip Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM**  
**1201 HAYS ST.**  
**STE. 105**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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

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		DELETED
TITLE	<b>BY</b>	<input checked="" type="checkbox"/>
NAME	<b>HOLTZ, ROBERT</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/>
NAME	<b>PLAUMANN, MARK</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/>
NAME	<b>GOVEIA, FRANK</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	
TITLE	<b>VST</b>	<input checked="" type="checkbox"/>
NAME	<b>MAUZYDES, JAY</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT 06830</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/>
NAME	<b>AMRON, ARTHUR</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT</b>	
TITLE	<b>AS</b>	<input checked="" type="checkbox"/>
NAME	<b>SANSONE, GUY</b>	
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	
CITY - ST - ZIP	<b>GREENWICH CT</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>Richard Sabella</b>		
1.3 STREET ADDRESS	<b>(see above)</b>		
1.4 CITY - ST - ZIP			
2.1 TITLE	<b>Senior VP + CFO</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	<b>Lawrence R. Schachter</b>		
2.3 STREET ADDRESS			
2.4 CITY - ST - ZIP			
3.1 TITLE	<b>Executive VP</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 NAME	<b>Allan B. Rothschild</b>		
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE	<b>VPO President</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.2 NAME	<b>Charles Hummer</b>		
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE	<b>VP, Treasurer, Secretary</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 NAME	<b>Kevin Reardon</b>		
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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: *R. Sabella* 3/19/98 703-862-7032

CR2E034 (10/97)