

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90152 007 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 840823

1. Corporation Name
SPRAIN REALTY CORPORATION

Principal Place of Business	Mailing Address
C/O NORTHSTAR PRESIDIO MGMT CO INC STE 270 411 W PUTNAM AVE GREENWICH CT 06830 US	C/O NORTHSTAR PRESIDIO MGMT CO INC STE 270 411 W PUTNAM AVE GREENWICH CT 06830 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/12/1978

4. FEI Number

13-2945436

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SABELLA, RICHARD	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	

1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Allan B. Rothschild	
1.3 STREET ADDRESS	Add: Suite 270	
1.4 CITY-ST-ZIP		

TITLE	SVPC	<input type="checkbox"/> DELETE
NAME	SCHACHTER, LAWRENCE R	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	

2.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Add: Suite 270	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

TITLE	EVP	<input type="checkbox"/> DELETE
NAME	ROTHSCHILD, ALLAN B	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	

3.1 TITLE	SVPC, Sec + Treas	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	J. Peter Paganelli	
3.3 STREET ADDRESS	Add: Suite 270	
3.4 CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> DELETE
NAME	HUMBER, CHARLES	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	

4.1 TITLE	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Add: Suite 270	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	VPTS	<input type="checkbox"/> DELETE
NAME	BEARDON, KEVIN	
STREET ADDRESS	411 WEST PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT	

5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Dallas E. Lucas	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99 (203) 862-7032

CR2E034 (11/98)