


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 <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 840823**

1. Corporation Name  
**SPRAIN REALTY CORPORATION**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O NORTHSTAR PRESIDIO MGMT CO INC STE 270 411 W PUTNAM AVE GREENWICH CT 06830 US	Mailing Address C/O NORTHSTAR PRESIDIO MGMT CO INC STE 270 411 W PUTNAM AVE GREENWICH CT 06830 US
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3. Date Incorporated or Qualified <b>06/12/1978</b>	
4. FEI Number <b>13-2945436</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc. <i>same</i>	27. Suite, Apt. #, etc. <i>same</i>
23. City & State	28. City & State
24. Zip Country	29. Zip Country
25.	30.

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
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SABELLA, RICHARD</b>	1.2 NAME	<b>Alan B. Rothschild</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	1.3 STREET ADDRESS	<b>add: Suite 270</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SVPC</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHACHTER, LAWRENCE R</b>	2.2 NAME	<b>same</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	2.3 STREET ADDRESS	<b>add: Suite 270</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>	2.4 CITY-ST-ZIP	
TITLE	<b>EVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHSCHILD, ALLAN B.</b>	3.2 NAME	<b>SVP, Sec + Treas</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	3.3 STREET ADDRESS	<b>J. Peter Paganelli</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>	3.4 CITY-ST-ZIP	<b>add: Suite 270</b>
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUMBER, CHARLES</b>	4.2 NAME	<b>same</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	4.3 STREET ADDRESS	<b>add: Suite 270</b>
CITY-ST-ZIP	<b>GREENWICH CT 06830</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VPTS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEARDON, KEVIN</b>	5.2 NAME	<b>Dallas E. Lucas</b>
STREET ADDRESS	<b>411 WEST PUTNAM AVE.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GREENWICH CT</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: **1-27-99** (203) DAYTIME PHONE #: **862-7032**

CR2E034 (11/98)