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 MAR 10 AM 8:34

DOCUMENT # **843552** (1)

1. Corporation Name
NEEDMORE CORPORATION

Principal Place of Business	Mailing Address
150 E 58 ST. RM 2406 NEW YORK NY 10155-9497	150 E 58 ST. RM 2406 NEW YORK NY 10155-9497

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
06/22/1979	04/05/1994

2. Principal Place of Business	2a. Mailing Address
21 654 Madison Ave.	26 654 MADISON AVE
22 Ste. #1801	27 Suite #1801
23 New York NY	28 New York NY
24 Zip 10021 25 Country USA	29 Zip 10021 30 Country USA

4. FEI Number 13-2996677 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 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 **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	VST	1.1 TITLE	☒ Change ☐ Addition	
NAME	FUNK, HELENE	1.2 NAME		
STREET ADDRESS	150 E 58TH STREET	1.3 STREET ADDRESS	654 Madison Ave, Suite #1801	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York NY 10021	
TITLE	V	2.1 TITLE	☒ Change ☐ Addition	
NAME	GINTHER, KRISTAN	2.2 NAME		
STREET ADDRESS	150 E 58TH STREET	2.3 STREET ADDRESS	654 Madison Ave, Suite #1801	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York NY 10021	
TITLE	V	3.1 TITLE	☒ Change ☐ Addition	
NAME	MOTTA, ROSE ANNE M	3.2 NAME		
STREET ADDRESS	150 E 58TH STREET	3.3 STREET ADDRESS	654 MADISON Ave, Suite 1801	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York NY 10021	
TITLE	PD	4.1 TITLE	☒ Change ☐ Addition	
NAME	LAGATTA, JOHN H O	4.2 NAME		
STREET ADDRESS	150 E 58TH STREET	4.3 STREET ADDRESS	654 Madison Ave, Suite 1801	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	New York NY 10021	
TITLE		5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	☐ Change ☐ Addition	
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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: Kristan Ginther 3/6/95 212 757 6057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0478787 FP