

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 843804 (6)

1. Corporation Name

BURLINGAME CORPORATION, INC.

Principal Place of Business

Mailing Address

C/O HOWE & ADDINGTON
450 LEXINGTON AVE #3800
NEW YORK NY 10017
US

C/O HOWE & ADDINGTON
450 LEXINGTON AVE #3800
NEW YORK NY 10017
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21 c/o Howe & Addington LLP		26 c/o Howe & Addington LLP		07/27/1979	05/01/1995
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For Not Applicable
23 City & State		28 City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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	D <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOOST, P.E.J.	1. 2 NAME	
STREET ADDRESS	100 EAST 42ND STREET	1. 3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY -	1. 4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, G.	2. 2 NAME	
STREET ADDRESS	100 EAST 42ND STREET	2. 3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2. 4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	3. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, STEVEN B.	3. 2 NAME	
STREET ADDRESS	450 LEXINGTON AVE STE 3800	3. 3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3. 4 CITY-ST-ZIP	
TITLE	DPT <input type="checkbox"/> DELETE	4. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIJDERS, D.	4. 2 NAME	
STREET ADDRESS	BEUKENLAAN 143	4. 3 STREET ADDRESS	
CITY-ST-ZIP	EINDHOVEN TH	4. 4 CITY-ST-ZIP	
TITLE	VPS <input type="checkbox"/> DELETE	5. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRENCKEN, W. A. D.	5. 2 NAME	
STREET ADDRESS	BEUKENLAAN 143	5. 3 STREET ADDRESS	
CITY-ST-ZIP	EINDHOVEN TH	5. 4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	6. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOOD, BRUCE E.	6. 2 NAME	
STREET ADDRESS	450 LEXINGTON AVE STE 3800	6. 3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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)(k), 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:

Steven B. Callahan

4/18/96 (212) 490-1700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)