

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

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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 843804

(6)

1. Corporation Name  
BURLINGAME CORPORATION, INC.



Principal Place of Business C/O HOWE & ADDINGTON LLP 450 LEXINGTON AVE #3800 NEW YORK NY 10017 US	Mailing Address C/O HOWE & ADDINGTON LLP 450 LEXINGTON AVE #3800 NEW YORK NY 10017-3911 US
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3. Date Incorporated or Qualified 07/27/1979	3a. Date of Last Report 04/24/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 98-0040625	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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 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 85 Zip Code FL
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10. Name and Address of New Registered Agent
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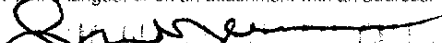
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. 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	
TITLE	D BOOST, P.E.J.
NAME	100 EAST 42ND STREET
STREET ADDRESS	NEW YORK, NY
CITY-ST-ZIP	
TITLE	D LUCAS, G.
NAME	100 EAST 42ND STREET
STREET ADDRESS	NEW YORK NY
CITY-ST-ZIP	
TITLE	VAS CALLAHAN, STEVEN B.
NAME	450 LEXINGTON AVE STE 3800
STREET ADDRESS	NEW YORK NY
CITY-ST-ZIP	
TITLE	DPT SNUJERS, D.
NAME	BEUKENLAAN 143
STREET ADDRESS	EINDHOVEN TH
CITY-ST-ZIP	
TITLE	VPS FRENCKEN, W. A. D.
NAME	BEUKENLAAN 143
STREET ADDRESS	EINDHOVEN TH
CITY-ST-ZIP	
TITLE	VPAS HOOD, BRUCE E.
NAME	450 LEXINGTON AVE STE 3800
STREET ADDRESS	NEW YORK NY
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DIRECTOR
1.2 NAME	William E. Curran
1.3 STREET ADDRESS	100 East 42nd Street
1.4 CITY-ST-ZIP	New York, NY
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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:  Steven B. Callahan 4/23/97 (212) 490-1700

CR2E034 (9/96)