

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

FILED

May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1209 Orange St Suite, Apt. #, etc. 22 City & State 23 Wilmington DE Zip 24 19801 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		3. Date Incorporated or Qualified 07/27/1979	
		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 owes or has paid the current year Intangible Personal Property Tax due June 30. <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				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 \_\_\_\_\_ (NOT: 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	VPAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURRAN, WILLIAM E	1.2 NAME	Howe, Edwin A.
STREET ADDRESS	100 EAST 42ND STREET	1.3 STREET ADDRESS	450 Lexington Ave., Suite 3800
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York NY 10017
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VPAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUCAS, G.	2.2 NAME	Strassner, Anne L.
STREET ADDRESS	100 EAST 42ND STREET	2.3 STREET ADDRESS	450 Lexington Ave., Suite 3800
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York NY 10017
TITLE	VPAS <input type="checkbox"/> DELETE	3.1 TITLE	VPAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CALLAHAN, STEVEN B.	3.2 NAME	Ganter, B. p.k. J
STREET ADDRESS	450 LEXINGTON AVE STE 3800	3.3 STREET ADDRESS	Bruckman 143
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	Eindhoven, The Netherlands
TITLE	DPT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNIJERS, D.	4.2 NAME	
STREET ADDRESS	BEUKENLAAN 143	4.3 STREET ADDRESS	
CITY-ST-ZIP	EINDHOVEN THE Netherlands	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 THE Netherlands	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 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.

Stuart B. Callahan

4/22/98 212-490-1700

CP2E034 (10/97)