

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

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 847872 (9)  
1. Corporation Name  
AUSTIN, NICHOLS & CO., INCORPORATED

Principal Place of Business  
156 E. 46TH ST.  
NEW YORK NY 10017

Mailing Address  
156 E. 46TH ST.  
NEW YORK NY 10017



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1981

4. FEI Number

13-3061033

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. Yes ☐ No ☒

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D RICARD, P L  
STREET ADDRESS  
142 BD HAUSSMAN  
CITY-ST-ZIP  
PARIS, FRANCE 00000

TITLE ☐ DELETE

NAME  
D FOUSSIER, CLAUDE  
STREET ADDRESS  
142 BD HAUSSMANN  
CITY-ST-ZIP  
PARIS, FRANCE

TITLE ☐ DELETE

NAME  
D RIBAUDO, ST  
STREET ADDRESS  
156 EAST 46TH STREET  
CITY-ST-ZIP  
NEW YORK, NY 00000

TITLE ☐ DELETE

NAME  
DP BOND, MICHEL  
STREET ADDRESS  
156 E. 46TH ST.  
CITY-ST-ZIP  
NEW YORK, NY 0

TITLE ☐ DELETE

NAME  
D JACQUILLAT, T E  
STREET ADDRESS  
142 BD HAUSSMANN  
CITY-ST-ZIP  
PARIS, FRANCE 00000

TITLE ☐ DELETE

NAME  
T GOLD, ALAN  
STREET ADDRESS  
156 E. 46TH ST.  
CITY-ST-ZIP  
NEW YORK NY

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Michel Bond

VINCENT NGUYEN

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.

SIGNATURE

Signature of Registered Agent

3-18-98 212-451-8914

CR2E034 (10/97)