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Mar 03 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 852525 (5)

1. Corporation Name  
ZAR CORP.



Principal Place of Business  
411 W PUTNAM AVE  
500 WEST PUTNAM AVE  
GREENWICH CT 06820  
US

Mailing Address  
411 W PUTNAM AVE  
500 WEST PUTNAM AVE  
GREENWICH CT 06830-6086  
US

3. Date Incorporated or Qualified 04/08/1982  
3a. Date of Last Report 02/28/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 13-3065239		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		25 Country		29 Country		30 Country	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPS CHAZANOFF, JAY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	41 BENEDICT ROAD	1.2 NAME	
STREET ADDRESS	STATEN ISLAND NY	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VPA DAVIS, DANIEL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	747 THRID AVENUE-10TH FLOOR	2.2 NAME	
STREET ADDRESS	NEW YORK NY 10017	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	VPA ZISES JAY	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	477 MADISON AVE-14TH FLOOR	3.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VPA ZISES, SELUG	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	477 MADISON AVE-14TH FLOOR	4.2 NAME	
STREET ADDRESS	NEW YORK NY 10022	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VPA GOLDSMITH, STEPHEN	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	5 EAST 42ND STREET	5.2 NAME	VP/AS Arthur Goldberg
STREET ADDRESS	NEW YORK NY 10017	5.3 STREET ADDRESS	375 Park Avenue, Ste. 1606
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New York, NY 10152
TITLE	P ADER RICHARD	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1370 AVE OF THE AMERICAS	6.2 NAME	P/T
STREET ADDRESS	NY NY 10019	6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Chazanoff, Vice President

Date

Daytime Phone #

(203) 629-3600

CR2E034 (9/96)