00661-FI

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 PM 1:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **853130** **(3)**

1. Corporation Name
VICTOR PALMIERI AND COMPANY INCORPORATED

Principal Place of Business	Mailing Address
911 WILSHIRE BLVD SUITE 2250 LOS ANGELES CA 90017	911 WILSHIRE BLVD SUITE 2250 LOS ANGELES CA 90017

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/11/1982**
3a. Date of Last Report: **03/25/1994**

2. Principal Place of Business
21:
22: Suite, Apt. #, etc.:
23: City & State:
24: Zip:
25: Country:

2a. Mailing Address
26:
27: Suite, Apt. #, etc.:
28: City & State:
29: Zip:
30: Country:

4. FEI Number: **95-2644662** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ 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 _____ DATE
Signature, typed or printed name of registered agent (if this is applicable) (NOTE: Registered Agent signature required when operative)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	PALMIERI, VICTOR H.	12 NAME		
STREET ADDRESS	245 PARK AVENUE	13 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP		
TITLE	~~PD~~	21 TITLE	President/Director	☐ Change ☒ Addition
NAME	~~KOSKINEN, JOHN A.~~	22 NAME	Peter A. Martosella, Jr.	
STREET ADDRESS	~~1901 L STREET, NW #804~~	23 STREET ADDRESS	1617 JFK Blvd., #1670	
CITY ST ZIP	~~WASHINGTON DC~~	24 CITY ST ZIP	Philadelphia, PA 19103	
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	BURKE, JULIAN	32 NAME		
STREET ADDRESS	911 WILSHIRE BLVD,#2250	33 STREET ADDRESS		
CITY ST ZIP	LOS ANGELES CA	34 CITY ST ZIP		
TITLE	V	41 TITLE		☐ Change ☐ Addition
NAME	JONES, CYRIL	42 NAME		
STREET ADDRESS	911 WILSHIRE BLVD,22 FLR	43 STREET ADDRESS		
CITY ST ZIP	LOS ANGELES CA	44 CITY ST ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	JERRAM, SUSAN E.	52 NAME		
STREET ADDRESS	911 WILSHIRE BLVD,22 FLR	53 STREET ADDRESS		
CITY ST ZIP	LOS ANGELES CA	54 CITY ST ZIP		
TITLE		61 TITLE	Director & CFO	☐ Change ☒ Addition
NAME		62 NAME	Kip M. Seckington	
STREET ADDRESS		63 STREET ADDRESS	911 Wilshire Boulevard, #2250	
CITY ST ZIP		64 CITY ST ZIP	Los Angeles, CA 90017	

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)(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: Susan E. Jerram, V.P. 4-14-95 (213) 891-9177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number
SUSAN JERRAM

0479451 FP