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Jan 27 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 # 855727 (4)

1. Corporation Name
CLIPPER SOUTH SHORE, INC.



Principal Place of Business

Mailing Address

% THE FIRST BOSTON CORPORATION
5 WORLD TRADE CENTER
NEW YORK NY 10048

% THE FIRST BOSTON CORPORATION
5 WORLD TRADE CENTER
NEW YORK NY 10048-0205

3. Date Incorporated or Qualified
03/08/1983

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

21 c/o Credit Suisse First Boston Corp
Suite, Apt. #, etc.

2a. Mailing Address

c/o Credit Suisse First Boston Corp
Suite, Apt. #, etc.

4. FEI Number
13-3039747

Applied For
Not Applicable

22 11 Madison Avenue
City & State

27 5 World Trade Center
City & State

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

23 New York, NY

28 New York, NY

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 10010 25 Country

29 10048 30 Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE HALL CORP. SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME S REICKE, AGNES F
STREET ADDRESS 12 EAST 49TH ST
CITY-ST-ZIP NEW YORK NY

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 11 Madison Avenue
1.4 CITY-ST-ZIP New York, NY 10010

TITLE ☐ DELETE
NAME CP HENNESSY, JOHN M
STREET ADDRESS PARK AVENUE PLAZA
CITY-ST-ZIP NEW YORK NY

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 11 Madison Avenue
2.4 CITY-ST-ZIP New York, NY 10010

TITLE ☐ DELETE
NAME C ONIS, CARLOS
STREET ADDRESS 5 WORLD TRADE CTR.
CITY-ST-ZIP NEW YORK NY

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME T HANAUER, LINDA H.
STREET ADDRESS PARK AVE PLAZA
CITY-ST-ZIP NEW YORK NY

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME Dianne Manno
4.3 STREET ADDRESS 5 World Trade Center
4.4 CITY-ST-ZIP New York, NY 10048

TITLE ☐ DELETE
NAME DOT LOHSEN, KENNETH J.
STREET ADDRESS 5 WORLD TRADE CTR
CITY-ST-ZIP NEW YORK NY

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME Thomas A. DeGennaro
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas A. DeGennaro

Date

1/9/97

(212) 322-1994

Daytime Phone

0005429

CR2E034 (9/96)