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Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90089 043 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 856184

1. Corporation Name
MACMILLAN, INC.

Principal Place of Business
1230 AVENUE OF THE AMERICAS
NEW YORK NY 10020
US

Mailing Address
C/O PHILIPPE P. DAUMAN
1515 BROADWAY
NEW YORK NY 10036

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/20/1983

4. FEI Number

13-0609560

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 One Lake Street
Suite, Apt. #, etc.

22 City & State

23 Upper Saddle River, NJ

24 Zip

07458

Country

25 U.S.

2a. Mailing Address

26 c/o Cowan & Associates

Suite, Apt. #, etc.

27 180 N. LaSalle St., #1922

City & State

28 Chicago, IL

Zip

29 60601

Country

30 U.S.

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
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

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 PCOD ☒ DELETE
NAME NEWCOMB, JONATHON
STREET ADDRESS 1230 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10020

TITLE SVCF ☒ DELETE
NAME SMITH, GEORGE S JR
STREET ADDRESS 1515 BROADWAY
CITY-ST-ZIP NEW YORK NY 10036

TITLE EVSD ☒ DELETE
NAME DAUMAN, PHILIPPE P
STREET ADDRESS 1515 BROADWAY
CITY-ST-ZIP NEW YORK NY 10036

TITLE AS ☒ DELETE
NAME STACK, ILENE W
STREET ADDRESS 1515 BROADWAY
CITY-ST-ZIP NEW YORK NY 10036

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Exec. V.P. & Treasurer ☒ Change ☐ Addition
1.2 NAME John LaVacca
1.3 STREET ADDRESS One Lake Street
1.4 CITY-ST-ZIP Upper Saddle River, NJ 07458

2.1 TITLE Asst. Secretary ☒ Change ☐ Addition
2.2 NAME Arie M. Flemenbaum
2.3 STREET ADDRESS 180 N. LaSalle St., Ste. 1922
2.4 CITY-ST-ZIP Chicago, IL 60601

3.1 TITLE Director ☒ Change ☐ Addition
3.2 NAME Peter Jovanovich
3.3 STREET ADDRESS One Lake Street
3.4 CITY-ST-ZIP Upper Saddle River, NJ 07458

4.1 TITLE Director ☒ Change ☐ Addition
4.2 NAME John LaVacca
4.3 STREET ADDRESS One Lake Street
4.4 CITY-ST-ZIP Upper Saddle River, NJ 07458

5.1 TITLE Director ☒ Change ☐ Addition
5.2 NAME Robert L. Dancy
5.3 STREET ADDRESS One Lake Street
5.4 CITY-ST-ZIP Upper Saddle River, NJ 07458

6.1 TITLE President ☒ Change ☐ Addition
6.2 NAME William Oldsey
6.3 STREET ADDRESS One Lake Street
6.4 CITY-ST-ZIP Upper Saddle River, NJ 07458

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, with all other like empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/99

312-236-9121
Date Daytime Phone #

CR2E034 (11/98)