

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 857141 (6)

1. Corporation Name

THE FIRST BOSTON CAPITAL GROUP, 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



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/19/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

22-2365394

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

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

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 CPD
NAME LIPKA, CRAIG S.
STREET ADDRESS PARK AVENUE PLAZA
CITY-ST-ZIP NEW YORK NY ☒ DELETE

TITLE S
NAME RUSSO, LORI M.
STREET ADDRESS 12 EAST 49TH ST
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE DOT
NAME DEGENNARO, THOMAS A.
STREET ADDRESS 5 WORLD TRADE CENTER
CITY-ST-ZIP NEW YORK NY ☐ DELETE

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

TITLE VP
NAME APPEL, RUSSELL
STREET ADDRESS PARK AVE PLZ
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPD
1.2 NAME Stone, Andrew D.
1.3 STREET ADDRESS Park Avenue Plaza
1.4 CITY-ST-ZIP New York, NY 10055 ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

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

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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:

Thomas A. DeGennaro

Thomas A. DeGennaro

4-5-96

(212)322-1994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)