

**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

3. Date Incorporated or Qualified <b>07/19/1983</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>22-2365394</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	25 Zip
29 Country	30 Zip

**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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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	<input checked="" type="checkbox"/> DELETE
NAME	LIPKA, CRAIG S.	
STREET ADDRESS	PARK AVENUE PLAZA	
CITY - ST - ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	RUSSO, LORI M.	
STREET ADDRESS	12 EAST 49TH ST	
CITY - ST - ZIP	NEW YORK NY	
TITLE	DOT	<input type="checkbox"/> DELETE
NAME	DEGENNARO, THOMAS A.	
STREET ADDRESS	5 WORLD TRADE CENTER	
CITY - ST - ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HANAUER, LINDA H.	
STREET ADDRESS	PARK AVENUE PLAZA	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	APPEL, RUSSELL	
STREET ADDRESS	PARK AVE PLZ	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	CPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stone, Andrew D.	
1.3 STREET ADDRESS	Park Avenue Plaza	
1.4 CITY - ST - ZIP	New York, NY 10055	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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)