


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 857141 (6)</b>		
1. Corporation Name <b>THE FIRST BOSTON CAPITAL GROUP, INC</b>		



Principal Place of Business <b>% THE FIRST BOSTON CORPORATION</b> <b>5 WORLD TRADE CENTER</b> <b>NEW YORK NY 10048</b>	Mailing Address <b>% THE FIRST BOSTON CORPORATION</b> <b>5 WORLD TRADE CENTER</b> <b>NEW YORK NY 10048-0205</b>
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2. Principal Place of Business 21 c/o Credit Suisse First Boston Corp. Suite, Apt. #, etc. 22 11 Madison Avenue New York, NY 23 Zip 24 10010-3629 Country 25 USA		2a. Mailing Address 26 c/o Credit Suisse First Boston Corp. Suite, Apt. #, etc. 27 11 Madison Ave. Tax Dept. New York, NY 28 Zip 29 10048-0205 Country 30 USA		3. Date Incorporated or Qualified <b>07/19/1983</b>	3a. Date of Last Report <b>04/22/1996</b>	4. FEI Number <b>22-2365394</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC.</b> <b>1201 HAYS STREET</b> <b>SUITE 105</b> <b>TALLAHASSEE FL 32301</b>					
9. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b>		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	CPD	1.1 TITLE	CPD
NAME	STONE, ANDREW D	1.2 NAME	Stone, Andrew D.
STREET ADDRESS	PARK AVENUE PLAZA	1.3 STREET ADDRESS	11 Madison Avenue
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10010
TITLE	S	2.1 TITLE	S
NAME	RUSSO, LORI M.	2.2 NAME	Russo, Lori M.
STREET ADDRESS	12 EAST 49TH ST	2.3 STREET ADDRESS	11 Madison Avenue
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	New York, NY 10010
TITLE	DOT	3.1 TITLE	
NAME	DEGENNARO, THOMAS A.	3.2 NAME	
STREET ADDRESS	5 WORLD TRADE CENTER	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	T
NAME	HANAUER, LINDA H.	4.2 NAME	Hanauer, Linda H.
STREET ADDRESS	PARK AVENUE PLAZA	4.3 STREET ADDRESS	11 Madison Avenue
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	New York, NY 10010
TITLE	VP	5.1 TITLE	VP
NAME	APPEL, RUSSELL	5.2 NAME	Appel, Russell
STREET ADDRESS	PARK AVE PLZ	5.3 STREET ADDRESS	11 Madison Avenue
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	New York, NY 10010
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Thomas A. DeGennaro* Thomas A. DeGennaro 1-10-97 (212) 322-1994  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

0006431

CR2E034 (9/96)