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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name 857257

(0)

BAY MANAGEMENT CORP. (OF DELAWARE)

Mailing Address
645 MADISON AVE NEW YORK, N.Y. 10022
2a. Mailing Address
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FILED Jan 26 1998 8:00am Secretary of State



(10/97

CR2E034

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/29/1983 4. FEI Number Applied For 13-2665595 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 83 84 City 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 I applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PTO DELETE Change TITLE 1.1 TITLE Addition MICHOLSON, RONALD A. NAME 12 NAME 1016 FIFTH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 1.4 CITY - ST - ZIP □ DELETE TITLE 2.1 TITLE Change Addition SWAIN, DOUGLAS S. NAME 2.2 NAME 8 LEDGE TREE RD. STREET ADDRESS 2.3 STREET ADDRESS MEDFIELD MA CITY-ST-ZIP 2 4 CITY - ST - ZIP DELETE Addition Channe TITLE 3.1 TITLE NICHOLSON, JAMES A. NAME 3.2 NAME 354 WHIPPOORWILL ROAD STREET ADDRESS 3.3 STREET ADDRESS CHAPPAQUA NY 3.4. CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Addition TROTTIER, RONALD P. NAME 4.2 NAME 140 Pond House Road North Smithfield, RI 966 CASS AVENUE 4.3 STREET ADDRESS STREET ADDRESS **WOONSOCKET RI** 02896 CITY-ST-ZIP 4.4 CHTY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-7IP 5.4 CITY - ST - ZIP DELETE 6.1 THILE ☐ Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 64 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby 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 change PRESIDENT NICHORFON

1/8/98

212-355-6850