

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **857349** (5)

1. Corporation Name
CHASE CORPORATE SERVICES, INC.



Principal Place of Business: **1 CHASE MANHATTAN PLAZA NEW YORK NY 10081 US**
 Mailing Address: **C/O DOMESTIC SUBS. 2 CHASE MANHATTAN PZ. 8/F NEW YORK NY 10081 US**

3. Date Incorporated or Qualified: **08/08/1983**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **13-2781984**
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes: Yes No

2. Principal Place of Business: **1 Chase Manhattan Plaza**
 2a. Mailing Address: **C/O Domestic Subs**
 22. Suite, Apt. #, etc.: **2 Chase Manhattan PZ 8/F**
 23. City & State: **New York New York**
 24. Zip: **10081**
 25. Country: **U.S.A.**
 26. Suite, Apt. #, etc.: **2 Chase Manhattan PZ 8/F**
 27. City & State: **New York New York**
 28. Zip: **10081**
 29. Country: **U.S.A.**

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent
 81. Name
 82. Street Address (P.O. Box Number is Not Acceptable)
 83.
 84. City
 85. Zip Code **FL**

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: _____ (NAME) Registered Agent's signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: DP	NAME: MURRAY, JAMES F.	11 TITLE: C/P
STREET ADDRESS: 101 PARK AVENUE	CITY-ST-ZIP: NEW YORK NY	12 NAME: Herbert M. Cohen
		13 STREET ADDRESS: 1211 Ave of Americas
		14 CITY-ST-ZIP: NY NY 10036
TITLE: DVP	NAME: ARMSTRONG, RICHARD	21 TITLE: ✓
STREET ADDRESS: 101 PARK AVENUE	CITY-ST-ZIP: NEW YORK NY	22 NAME: John V. Caulfield
		23 STREET ADDRESS: 2 Chase Manhattan Plaza
		24 CITY-ST-ZIP: NY NY 10081
TITLE: T	NAME: ESPOSITO, MICHAEL P.	31 TITLE: ✓
STREET ADDRESS: 1 CHASE MANHATTAN PLZA	CITY-ST-ZIP: NEW YORK NY	32 NAME: Robert R. Field
		33 STREET ADDRESS: 4 Chase Manhattan Corporation
		34 CITY-ST-ZIP: NY NY 11245
TITLE: S	NAME: CARLSON, MICHAEL E.	41 TITLE: M
STREET ADDRESS: 1 CHASE MANHATTAN PLZA	CITY-ST-ZIP: NEW YORK NY	42 NAME: Peter K. Lind
		43 STREET ADDRESS: 7 Texas Commerce Bank
		44 CITY-ST-ZIP: Texas 79109
TITLE: AT	NAME: EVANS, JOHN B.	51 TITLE: V/T
STREET ADDRESS: 33 MAIDEN LANE	CITY-ST-ZIP: NEW YORK NY	52 NAME: Sylvia D. Leary Blount
		53 STREET ADDRESS: 2 Chase Manhattan Plaza
		54 CITY-ST-ZIP: NY NY 10081
TITLE: VP	NAME: SULLIVAN, JAMES	61 TITLE: S
STREET ADDRESS: 5355 TOWN CENTRE ROAD	CITY-ST-ZIP: BOCA RATON FL	62 NAME: David H. Knutson
		63 STREET ADDRESS: 1 Chase Manhattan Plaza
		64 CITY-ST-ZIP: New York NY 10081

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: *Sylvia Leary Blount* 7/27/96 212-552-8599
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #

CR2E034 (3/96)