

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 21, 1999 8:00 am
Secretary of State

07-21-1999 90014 016 ***550.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 857349

1. Corporation Name
CHASE CORPORATE SERVICES, INC.



Principal Place of Business
**A CHASE MANHATTAN PLAZA
 NEW YORK NY 10081
 US**

Mailing Address
**52 BROADWAY, 3RD FLOOR
 NEW YORK NY 10004
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/08/1983

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
13-2781984

Applied For
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, HERBERT M	
STREET ADDRESS	1211 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	CAULFIELD, JOHN V	
STREET ADDRESS	2 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FIELD, ROBERT R	
STREET ADDRESS	4 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	M	<input checked="" type="checkbox"/> DELETE
NAME	LIND, PEBER K.	
STREET ADDRESS	7 TEXAS COMMERCE BANK	
CITY-ST-ZIP	DALLAS TX	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	LEARY BLOUNT, SYLVIA D.	
STREET ADDRESS	2 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	KNUTSON, DAVID H	
STREET ADDRESS	1 CHASE MANHATTAN PLAZA	
CITY-ST-ZIP	NEW YORK NY	

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P GAGE, JOHN E.	
1.3 STREET ADDRESS	1 CHASE PLAZA	
1.4 CITY-ST-ZIP	NY, NY 10081	
2.1 TITLE	EVP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DANOWITZ, MARTIN	
2.3 STREET ADDRESS	450 W. 33rd ST	
2.4 CITY-ST-ZIP	NY NY 10001	
3.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CLARK, MICHAEL	
3.3 STREET ADDRESS	450 W. 33rd ST.	
3.4 CITY-ST-ZIP	NY NY 10001	
4.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	KOZAK, CONRAD	
4.3 STREET ADDRESS	450 W. 33rd ST.	
4.4 CITY-ST-ZIP	NY NY 10001	
5.1 TITLE	VP/AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MISTRY, MAYA	
5.3 STREET ADDRESS	52 BROADWAY	
5.4 CITY-ST-ZIP	NY NY 10004	
6.1 TITLE	VP/AC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SIMEONE, RICHARD	
6.3 STREET ADDRESS	450 W. 33rd	
6.4 CITY-ST-ZIP	NY NY 10004	

14. I 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: _____ SIGNATURE REQUIRED: **JOHN B. EVANS** 7/15/99

CR2E034 (5/99)