

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED
AND
FILED**

95 JUL -7 AM 10: 08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 857663 (9)

**1. Corporation Name
MLH MANAGEMENT CORPORATION**

**Principal Place of Business Mailing Address
WORLD FINANCIAL CENTER, SOUTH TOWER 12 FL WORLD FINANCIAL CENTER, SOUTH TOWER 12 FL
NEW YORK NY 10080-6112 NEW YORK NY 10080-6112**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/08/1983 3a. Date of Last Report 04/29/1994

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		13-3119090		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28		8. This corporation has liability for intangible tax under s. 199.034, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		29		30	
24		25		29		30	

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			
				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 _____ (Signature typed or printed name of registered agent and date of appointment) _____ (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	POB	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VINSON, JAMES A.	12 NAME	P D
STREET ADDRESS	WORLD FINANCIAL CENTER SOUTH TOWER	13 STREET ADDRESS	D. Bruce Brunson
CITY, ST, ZIP	NEW YORK NY 10080-6112	14 CITY, ST, ZIP	
TITLE	EVD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, THOMAS J.	22 NAME	
STREET ADDRESS	WORLD FINANCIAL CENTER SOUTH TOWER	23 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY 10080-6112	24 CITY, ST, ZIP	
TITLE	V	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, CHARLES E.	32 NAME	D
STREET ADDRESS	WORLD FINANCIAL CENTER SOUTH TOWER	33 STREET ADDRESS	Jack A. Cuneo
CITY, ST, ZIP	NEW YORK NY 10080-6112	34 CITY, ST, ZIP	
TITLE	T	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOTRUK, RONALD	42 NAME	T V
STREET ADDRESS	WORLD FINANCIAL CENTER SOUTH TOWER	43 STREET ADDRESS	Michael A. Karmelin
CITY, ST, ZIP	NEW YORK NY 10080-6112	44 CITY, ST, ZIP	
TITLE	US	51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENTON, BRUCE	52 NAME	S
STREET ADDRESS	WORLD FINANCIAL CENTER SOUTH TOWER	53 STREET ADDRESS	Christina M. Titus
CITY, ST, ZIP	NEW YORK NY 10080-6112	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	U O
STREET ADDRESS		63 STREET ADDRESS	Stephen F. Young
CITY, ST, ZIP		64 CITY, ST, ZIP	World Financial Center - South Tower NY NY 10080-6112

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: *Stephen F. Young* **6/29/95 (212) 236-1782**