FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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95 MAY -1 AM 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

DOCUMENT # **858344** **(5)**

1. Corporate Name

HUDSON GENERAL CORPORATION

Principal Place of Business	Mailing Address
111 GREAT NECK RD. GREAT NECK NY 11021	111 GREAT NECK RD. GREAT NECK NY 11021

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/03/1983	3a. Date of Last Report 04/20/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 13-1947395	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
ZIP 24	County 25	ZIP 29	County 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. *This corporation has liability for intangible tax under S. 199.023* Florida Statutes ☒ 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 Section 607.1505, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR	13. ADDITIONAL CHANGES TO OFFICER AND DIRECTOR
TITLE V NAME DIBENEDETTO, FERNANDO STREET ADDRESS 44 GLENWOOD RD CITY-ST-ZIP PLAINVIEW NY	☐ Change ☐ Addition
TITLE S NAME ROCKOWITZ, NOAH STREET ADDRESS 149 BARAUD ROAD CITY-ST-ZIP SCARSDALE NY	☐ Change ☐ Addition
TITLE VT NAME RUBIN, MICHAEL STREET ADDRESS 302 SOUTHWOOD CR CITY-ST-ZIP SYOSSET NY	☐ Change ☐ Addition
TITLE V NAME POLLACK, PAUL STREET ADDRESS 45 GLENWOOD RD CITY-ST-ZIP PLAINVIEW NY	☐ Change ☐ Addition
TITLE CPD NAME LANGNER, JAY B. STREET ADDRESS 51 PINESBRIDGE RD. CITY-ST-ZIP OSSINING NY	☐ Change ☐ Addition
TITLE D NAME ROSENTHAL, EDWARD J STREET ADDRESS 707 WESTCHESTER AVE CITY-ST-ZIP WHITE PLAINS NY	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report, including any required alteration and/or addition to the records of the Department, is true and accurate and that this report is executed in accordance with Section 607.1622, Florida Statutes. I further certify 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 above, or on an attachment with all other like empowered officers and directors.

SIGNATURE: Paul R. Pollack 4-25-95 (516)487-8610

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0473044 FP

85 S 314

HUDSON GENERAL CORPORATION

BOARD OF DIRECTORS

Hans H. Sammer	112-26-4736	130 Greenway Allendale, New Jersey 07401
Richard D. Segal	261-13-5826	The Encore Company, Inc. 707 Westchester Avenue White Plains, NY 10604
Stanley S. Shuman	003-26-4429	Allen & Company, Inc. 711 Fifth Avenue New York, NY 10022
Milton H. Dresner	382-16-6526	28777 Northwestern Hgwy. Suite 100 Southfield, MI 48034
Jay Langner President/CEO	082-24-6578	Hudson General Corporation 111 Great Neck Road Great Neck, NY 11022
Edward J. Rosenthal Executive Vice President	059-34-4698	Cramer, Rosenthal & McGlynn 707 Westchester Avenue White Plains, NY 10604

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Secretary of State

DOCUMENT # F92000000233 (8)

JMB REALTY CORPORATION

Principal Place of Business
900 NORTH MICHIGAN AVE
CHICAGO IL 60611-1575

Mailing Address
900 NORTH MICHIGAN AVE
CHICAGO IL 60611-1575

(Do Not Write In This Space)

3. Date Incorporated or Qualified: 11/13/1992
3a. Date of Last Report: 04/29/1994

21 2. Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State

26 2a. Mailing Address
27 Suite, Apt. #, etc.
28 City & State

4. FEI Number: 36-2707213
Applied For
Not Applicable

5. Certificate of Status Desired
$8.75 Additional Fee Required

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

24 25 29 30
8. Does corporation qualify as exempt under S. 199.032, Florida Statutes? Yes No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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: FL 85 Zip Code

11. Pursuant to the provisions of Section 607.1901 and 607.1908, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	P	TITLE	P/D
NAME	BLUHM, NEIL G	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	CITY-ST-ZIP	
TITLE	TD	TITLE	T/SVP
NAME	KOGEN HOWARD	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	CITY-ST-ZIP	
TITLE	SAVP	TITLE	
NAME	YATES, KEVIN B	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	CITY-ST-ZIP	
TITLE	EVPG	TITLE	
NAME	NICKELE GARY	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	CITY-ST-ZIP	
TITLE	SVP	TITLE	
NAME	ABBEY, JAMES G	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	CITY-ST-ZIP	
TITLE	SVP	TITLE	
NAME	ALLEN MARY D.	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611-1575	CITY-ST-ZIP	

Change XX Addition

XX Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

please delete

14. I, the undersigned, certify that the information supplied with this filing is, to the best of my knowledge, 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 above, or on an attachment with an X in Block 13.

SIGNATURE: Kevin B. Yates 4-27-95 (312)915-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0361570 CP