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May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # F92000000077 (9)

1. Corporation Name
FIRST PROFESSIONAL ARTS BUILDING CORPORATION

Principal Place of Business	Mailing Address
7 WEST 34TH ST NEW YORK NY 10001-3001	7 WEST 34TH ST NEW YORK NY 10001-6100

3. Date Incorporated or Qualified: 11/02/1992
3a. Date of Last Report: 01/26/1996

2. Principal Place of Business
21 ONE PENN PLAZA
Suite, Apt. #, etc.
22 SUITE 4015
City & State
23 NEW YORK, NY
Zip 24 10119 Country 25

2a. Mailing Address
26 ONE PENN PLAZA
Suite, Apt. #, etc.
27 SUITE 4015
City & State
28 NEW YORK, NY
Zip 29 10119 Country 30

4. FEI Number: 06-1169283 ☐ 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

8. This corporation has liability for intangible tax 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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD WENK, JOSEPH R. 7 WEST 34TH ST NEW YORK NY	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition ONE PENN PLAZA, SUITE 4015 NEW YORK, NY. 10119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD RODGERS, ROBERT H. 7 WEST 34TH ST NEW YORK NY	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition ONE PENN PLAZA, SUITE 4015 NEW YORK, N.Y. 10119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTD SIMS, MICHAEL S. 7 WEST 34TH ST NEW YORK NY	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition ONE PENN PLAZA, SUITE 4015 NEW YORK, N.Y. 10119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SEIDNER, MARTIN L. 7 WEST 34TH ST NEW YORK NY	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition ONE PENN PLAZA, SUITE 4015 NEW YORK, N.Y. 10119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AV FISHMAN, RONALD B 7 WEST 34TH STREET NEW YORK NY 10001	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition ONE PENN PLAZA, SUITE 4015 NEW YORK, N.Y. 10119
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002191146 CS -05/27/97--01039--028 5/14/97 ***155.00

14. I do 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: Michael Sims MICHAEL SIMS 4/30/97 (212) 971-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #