FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

APPROVED AND FILED

95 FEB -7 PM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000136 (3)**

1. Corporation Name

COLONIAL PLAZA CORPORATION

Principal Place of Business
7 WEST 34TH STREET
NEW YORK NY 10001

Mailing Address
7 WEST 34TH STREET
NEW YORK NY 10001

3. Date Incorporated or Qualified: **11/09/1992**
3a. Date of Last Report: **04/24/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **13-3444665** 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

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.150a, 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 of Registered Agent (Not Required if Filed Electronically) Signature of Registered Agent (Required when by mail) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	WENK, JOSEPH R	
STREET ADDRESS	7 WEST 34TH STREET	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE	VSD	☐ DELETE
NAME	RODGERS, ROBERT H JR.	
STREET ADDRESS	7 WEST 34TH STREET	
CITY-ST-ZIP	NEW YORK NY 10001	
TITLE	VTD	☐ DELETE
NAME	SIMS, MICHAEL	
STREET ADDRESS	7 WEST 34TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	AT	☐ DELETE
NAME	SEIDNER, MARTIN	
STREET ADDRESS	7 WEST 34TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME	600001709616	
1.3 STREET ADDRESS	~~02/07/96--00000--000~~	
1.4 CITY-ST-ZIP		
2.1 TITLE	600001709616	☐ Change ☐ Addition
2.2 NAME	~~02/07/96--00000--000~~	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	600001709616	
4.3 STREET ADDRESS	02/07/96--01079--000	
4.4 CITY-ST-ZIP		
5.1 TITLE	AV 8.00.00	☐ Change ☒ Addition
5.2 NAME	Fishman, Ronald B.	
5.3 STREET ADDRESS	7 West 34th Street	
5.4 CITY-ST-ZIP	New York, NY 10001	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

2/7/96

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: Michael Sims 1/26/96 (212) 971-9270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)