FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 18 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000302 (1)**

1. Corporation Name
LAIDLAW EQUITIES, INC.

Principal Place of Business	Mailing Address
275 MADISON AVENUE NEW YORK NY 10016	275 MADISON AVENUE NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/17/1992**
3a. Date of Last Report: **10/05/1994**

2. Principal Place of Business
21 100 Park Avenue
22 Suite, Apt. #, etc.
23 City & State: New York, NY
24 Zip: 10017 25 Country

2a. Mailing Address
26 100 Park Avenue
27 Suite, Apt. #, etc.
28 City & State: New York, NY
29 Zip: 10017 30 Country

4. FEI Number: **13-3410773** ☐ 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

~~LONDON, THEODORE~~ Richard Lilly
MIZNER PARK
433 PLAZA REAL, SUITE 255
BOCA RATON FL 33432-3945

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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		☒ Change ☐ Addition
TITLE	CD	11 TITLE	Directors	
NAME	~~MEYERN-HOHENBERG, GOTFRIED V~~	12 NAME	Bagley, Paul	
STREET ADDRESS	~~275 MADISON AVENUE~~	13 STREET ADDRESS	100 Park Avenue	
CITY-ST-ZIP	~~NEW YORK NY 10016~~ OUT	14 CITY-ST-ZIP	New York, NY 10017	
TITLE	PD	21 TITLE		☒ Change ☐ Addition
NAME	GODFREY, RAYMOND H	22 NAME		
STREET ADDRESS	275 MADISON AVENUE	23 STREET ADDRESS	100 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10016	24 CITY-ST-ZIP	New York, NY 10017	
TITLE	SDV	31 TITLE		☒ Change ☐ Addition
NAME	BOTTOMS, DAVID N	32 NAME		
STREET ADDRESS	275 MADISON AVENUE	33 STREET ADDRESS	100 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10016	34 CITY-ST-ZIP	New York, NY 10017	
TITLE	VD	41 TITLE		☒ Change ☐ Addition
NAME	BAUR, WALTER H	42 NAME		
STREET ADDRESS	275 MADISON AVENUE	43 STREET ADDRESS	100 park Avenue	
CITY-ST-ZIP	NEW YORK NY 10016	44 CITY-ST-ZIP	NewYork, NY 10017	
TITLE	VD	51 TITLE		☒ Change ☐ Addition
NAME	SAYN-WITTGENSTEIN, ROBIN A	52 NAME		
STREET ADDRESS	275 MADISON AVENUE	53 STREET ADDRESS	100 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10016	54 CITY-ST-ZIP	New York, NY 10017	
TITLE	D	61 TITLE		☒ Change ☐ Addition
NAME	FALALI, FOUAD A	62 NAME		
STREET ADDRESS	275 MADISON AVENUE	63 STREET ADDRESS	100 Park Avenue	
CITY-ST-ZIP	NEW YORK NY 10016	64 CITY-ST-ZIP	New York, NY 10017	

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)(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 the 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: _____ C.F.O. 4/10/95 (212) 376-8600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0396787 FP