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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 30 AM 7:39

DOCUMENT # **F92000000458 (1)**

1. Corporation Name
GP PARTNERS INC.

Principal Place of Business	Mailing Address
60 CUTTER MILL ROAD GREAT NECK NY 11021	60 CUTTER MILL ROAD GREAT NECK NY 11021

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1992	3a. Date of Last Report: 03/29/1994
4. FEI Number: 11-3047588	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH STREET
SUITE 300
N MIAMI BEACH FL 33162

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
(If changing Registered Agent, type or printed name of registered agent and new address) (NOTE: Registered Agent signature required when changing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GOULD, FREDRIC H	12 NAME	
STREET ADDRESS	60 CUTTER MILL ROAD - 303	13 STREET ADDRESS	
CITY ST ZIP	GREAT NECK NY 11021	14 CITY ST ZIP	
TITLE	C	21 TITLE	☐ Change ☐ Addition
NAME	ROSE, MARSHALL	22 NAME	
STREET ADDRESS	667 MADISON AVE., 23RD FLOOR	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY 10021	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GOULD, MATTHEW	32 NAME	
STREET ADDRESS	60 CUTTER MILL ROAD - 303	33 STREET ADDRESS	
CITY ST ZIP	GREAT NECK NY 11021	34 CITY ST ZIP	
TITLE	S	41 TITLE	☐ Change ☐ Addition
NAME	BRINBERG, SIMEON	42 NAME	
STREET ADDRESS	60 CUTTER MILL ROAD - 303	43 STREET ADDRESS	
CITY ST ZIP	GREAT NECK NY 11021	44 CITY ST ZIP	
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	KALISH, DAVID W	52 NAME	
STREET ADDRESS	60 CUTTER MILL ROAD - 303	53 STREET ADDRESS	
CITY ST ZIP	GREAT NECK NY 11021	54 CITY ST ZIP	
TITLE	AT	61 TITLE	☐ Change ☐ Addition
NAME	DUNLEAVY, KAREN	62 NAME	
STREET ADDRESS	60 CUTTER MILL RD	63 STREET ADDRESS	
CITY ST ZIP	GREAT NECK NY	64 CITY ST ZIP	

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 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: Karen Dunleavy Karen Dunleavy 3/20/95 516-466-3100
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR (Daytime Phone #)