## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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INGBER. A.L.

ETTINGER, I R

PRINCE, C O

MOYLAN, C M

**75 HOLLY HILL LANE** 

**388 GREENWICH ST** 

**388 GREENWICH ST** 

**NEW YORK NY 10013** 

900 ST. PAUL PLACE

**NEW YORK NY 10013** 

**GREENWICH CT 06830** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9200000596 (8)

TRAVELERS GROUP INC.

Principal Place of Business Mailing Address 386 GREENWICH STREET 300 ST. PAUL PLACE **NEW YORK NY 10013 BSP 100** DO NOT WRITE IN THIS SPACE BALTIMORE MD 21202 3. Date Incorporated or Qualified 12/10/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 52-1568099 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State Cily & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 30 Personal Property Tax due June 30. Yes 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. □ DELETE Change Addition CD 1.1 THLE TITLE WEILL, SANFORD I NAME 1.2 NAME **388 GREENWICH STREET** STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY 10013** CITY-ST-ZIP 14 City-St-7iP DELETE Change Addition TITLE 21 TITLE MILLER, HEIDI G CFO NAME 2.2 NAME **388 GREENWICH ST** STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY 10013** CITY-ST-ZIP 2 4 CITY-ST-ZIP

64 City-St-ZiP

14. I 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 occiver 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 addigns.

31 TITLE

3.2 NAME

41 TITLE

4. 2 NAME

51 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

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Apr 22 1998 8:00am

Secretary of State