

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

DOCUMENT # F92000000713 (9)

1. Corporation Name

WELLS RICH GREENE BDD~~X~~ INC.

P

(typo)



Principal Place of Business

9 WEST 57TH STREET  
NEW YORK NY 10019

Mailing Address

9 WEST 57TH STREET  
NEW YORK NY 10019

21. Principal Place of Business  
9 West 57th Street

Suite, Apt. #, etc.

23. City & State  
New York NY

24. Zip  
10019

25. Country  
US

26. Mailing Address  
9 West 57th Street

Suite, Apt. #, etc.

27. City & State  
New York NY

29. Zip  
10019

30. Country  
US

3. Date Incorporated or Qualified  
12/16/1992

3a. Date of Last Report  
02/28/1995

4. FEI Number  
13-2563266

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 HAYES ST  
STE 105  
TALLAHASSEE FL 32301

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

Signature, typed or printed name of registered agent and 1996 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	DELETE
NAME	OLSHAN, KENNETH S	
STREET ADDRESS	9 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	TD	DELETE
NAME	FAGAN, THOMAS F	
STREET ADDRESS	9 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	DELETE
NAME	SCHULMAN, PAUL	
STREET ADDRESS	9 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	S	DELETE
NAME	HASPEL, STANLEY J	
STREET ADDRESS	9 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	DELETE
NAME	BOULET, JEAN-CLAUDE	
STREET ADDRESS	9 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	DELETE
NAME	LORRAIN, PATRICK	
STREET ADDRESS	9 WEST 57TH STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CP	Change	Addition
1.2 NAME	Assunna, Frank		
1.3 STREET ADDRESS	9 West 57th Street		
1.4 CITY-ST-ZIP	New York, NY 10019		
2.1 TITLE	TD	Change	Addition
2.2 NAME	Horton, Adelaide		
2.3 STREET ADDRESS	9 West 57th Street		
2.4 CITY-ST-ZIP	New York, NY 10019		
3.1 TITLE		Change	Addition
3.2 NAME	200001851332		
3.3 STREET ADDRESS	-06/05/96--01018--040		
3.4 CITY-ST-ZIP	***225.00		
4.1 TITLE	S	Change	Addition
4.2 NAME	McNulty, Roseann		
4.3 STREET ADDRESS	9 West 57th Street		
4.4 CITY-ST-ZIP	New York, NY 10019		
5.1 TITLE	D	Change	Addition
5.2 NAME	Jean-Marie Du		
5.3 STREET ADDRESS	9 West 57th Street		
5.4 CITY-ST-ZIP	New York, NY 10019		
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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)(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 to this address.

SIGNATURE: Roseann McNulty, Secy 5/23/96 212.303.5146

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)