

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Barbara St. Martin
Secretary of State
Division of Corporations

**APPROVED
AND
FILED**

95 FEB 27 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000861 (6)

1. Corporation Name

PIER SET, INC.

Principal Place of Business

2 PENN PLZ
STE 1585
NEW YORK NY 10121
US

Mailing Address

C/O J.D. PRICE
1172 PARK AVE.
NEW YORK NY 10128
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1992

3a. Date of Last Report

03/02/1994

4. FBI Number

51-0344755

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

21 C/O JAMES D. PRICE

2a. Mailing Address

26 C/O JAMES L. MACNEIL

Suite, Apt. #, etc

22 2 PENN PLAZA, SUITE 1585

Suite, Apt. #, etc

27 COOPERS & LYBRAND L.L.P.
100 PEARL STREET

City & State

23 NEW YORK, N.Y.

City & State

28 HARTFORD, CT.

Zip

24 10121

Country

25 U.S.

Zip

29 06103

Country

30 U.S.

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 607.1508, 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 of person registered agent, if registered agent is not the corporation

Signature of New Registered Agent, if not the corporation and not already a registered agent

Date

12. OFFICERS AND DIRECTORS

TITLE	DVT
NAME	BUTLER, SCOTT E
STREET ADDRESS	780 ALDERBROOK DRIVE
CITY, ST, ZIP	TOPSFIELD MA
TITLE	DVAS
NAME	FORASTIERE, MICHAEL A III
STREET ADDRESS	138 PINE STREET
CITY, ST, ZIP	GARDEN CITY NY
TITLE	DP
NAME	PRICE, JAMES D
STREET ADDRESS	1172 PARK AVE.
CITY, ST, ZIP	NEW YORK NY
TITLE	S
NAME	MCBRIDE, EILEEN M
STREET ADDRESS	34 SHADY LN
CITY, ST, ZIP	FANWOOD NJ
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	V.P./DIRECTOR
7. STREET ADDRESS	HENRY C. MARSHALL, JR.
8. CITY, ST, ZIP	214 LAWRENCE HILL ROAD
9. CITY, ST, ZIP	COLD SPRING HARBOR, NEW YORK 11724
10. TITLE	☐ Change ☐ Addition
11. NAME	
12. STREET ADDRESS	
13. CITY, ST, ZIP	
14. TITLE	☐ Change ☐ Addition
15. NAME	
16. STREET ADDRESS	
17. CITY, ST, ZIP	
18. TITLE	☐ Change ☐ Addition
19. NAME	
20. STREET ADDRESS	
21. CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 199.032 and 199.033, Florida Statutes. I also certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporate status in the name reported here shall continue to appear in Block 12 or Block 13 of this document, or on an attachment, with an address.

SIGNATURE:

James D. Price

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES D. PRICE, PRESIDENT

(203) 241-7506