

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

FILED  
Apr 14 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F92000000861 (6)

1. Corporation Name  
PIER SET, INC.

Principal Place of Business

C/O JAMES D. PRICE  
2 PENN PLAZA, SUITE 1585  
NEW YORK NY 10121  
US

Mailing Address

C/O JAMES L. MACNEIL  
COOPERS + LYBRAND L.L.P. 100 PEARL STREET  
HARTFORD CT 06013  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/24/1992

4. FEI Number

51-0344755

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☒ No

2. Principal Place of Business

21 C/O JAMES D. PRICE  
Suite, Apt. #, etc.

22 1 Penn Plaza, Ste. 5114  
City & State

23 New York, NY  
Zip Country

24 10119 25 US

2a. Mailing Address

26 COOPERS + LYBRAND  
C/O DAVID R. SKIFF  
Suite, Apt. #, etc.

27 100 Pearl Street  
City & State

28 Hartford, CT  
Zip Country

29 06103 30 US

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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, typed or printed name, of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVT  
NAME BUTLER, SCOTT E  
STREET ADDRESS 780 ALDERBROOK DRIVE  
CITY-ST-ZIP TOPSFIELD MA ☐ DELETE

TITLE VPD  
NAME MARSHALL, HENRY C JR.  
STREET ADDRESS 214 LAWRENCE HILL ROAD  
CITY-ST-ZIP COLD SPRINGS HARBOR NE ☐ DELETE

TITLE DP  
NAME PRICE, JAMES D  
STREET ADDRESS 1172 PARK AVE.  
CITY-ST-ZIP NEW YORK NY ☐ DELETE

TITLE S  
NAME MCBRIDE, EILEEN M  
STREET ADDRESS 34 SHADY LN  
CITY-ST-ZIP FANWOOD NJ ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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

CR2E034 (10/97)