

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
 AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

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NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F92000001000 (0)

1. Corporation Name
 ASSOCIATION FOR INDEPENDENT BUSINESS, INC.



Principal Place of Business: 1819 CLARKSON RD. STE. 301 CHESTERFIELD MO 63017
 Mailing Address: 1819 CLARKSON RD. STE. 301 CHESTERFIELD MO 63017

3. Date Incorporated or Qualified: 12/16/1992
 3a. Date of Last Report: 04/18/1995
 4. FEI Number: 43-1609037
 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
 2a. Mailing Address: 26
 Suite, Apt. #, etc.: 22
 City & State: 23
 Zip: 24 Country: 25
 City & State: 26
 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
 THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES STREET
 STE. 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
 85 Zip Code
 FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, EDWIN P	
STREET ADDRESS	77 CEDAR PLACE	
CITY-ST-ZIP	WAYNE NJ 07470	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MUSELL, REYNOLD DR.	
STREET ADDRESS	112 ROGER AVENUE	
CITY-ST-ZIP	WESTFIELD NY 07090	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	TAFT, NATHANIEL B	
STREET ADDRESS	16 SPARROW CIRCLE	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ABRAHAMSEN, PETER	
STREET ADDRESS	213 WEST SHIRLEY AVENUE	
CITY-ST-ZIP	EDISON NJ 08820	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MERRILL, THEODORE A	
STREET ADDRESS	6 DELMAR TERRACE	
CITY-ST-ZIP	LONG VALLEY NJ 07853	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAHNSEN, RAYMOND	
STREET ADDRESS	31 CRESENT DRIVE	
CITY-ST-ZIP	WHIPPANY NJ 07981	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Neil M. KOENIG	
1.3 STREET ADDRESS	156 EAST 79th ST.	
1.4 CITY-ST-ZIP	NEW YORK, N.Y. 10028	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ELLEN FOX	
2.3 STREET ADDRESS	90 RIVERSIDE DRIVE	
2.4 CITY-ST-ZIP	NEW YORK, N.Y. 10024	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LAWRENCE R. RICE	
4.3 STREET ADDRESS	50 EAST 89th	
4.4 CITY-ST-ZIP	NEW YORK, N.Y. 10128	
5.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	REUBEN SAMUEL	
5.3 STREET ADDRESS	165 East 66th ST.	
5.4 CITY-ST-ZIP	NEW YORK, N.Y. 10021	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Bahnsen RAYMOND BAHNSEN 6/13/96 908-562-2420
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)

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ASSOCIATION FOR INDEPENDENT BUSINESS, INC.

PRESIDENT:

**NEIL MICHAEL KOENIG
156 EAST 79TH STREET
NEW YORK, NY 10028**

**EXECUTIVE VICE.
PRESIDENT/DIRECTOR**

**RAYMOND BAHNSEN
31 CRESCENT DRIVE
WHIPPANY, NJ 07981**

SECRETARY/TREASURER:

**NATHANIEL TAFT, ESQ.
16 SPARROW CIRCLE
WHITE PLAINS, NY 10605**

BOARD OF DIRECTORS:

**ELLEN FOX
98 RIVERSIDE DRIVE
NEW YORK, NY 10024**

**LAWRENCE R. RICE
50 EAST 89TH STREET
NEW YORK, NY 10128**

**REUBEN SAMUEL, ESQ.
165 EAST 66TH STREET
NEW YORK, NY 10021**