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CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

F92000001043 (0)

| DOCUMENT # F9200001043 (0) HUTTON EQUIPMENT MANAGEMENT INC. | | | | | | | |
|---|---|--|-------------------------|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| Principal Place of Business Mailing Address | | | | T TORTICO PILITO | | JOSEF BORF BOILL BRIDE FROM BOILD BLOOD HAN 1880 | |
| 3 WORLD FINANCIAL CENTER 29TH FLOOR NEW YORK NY 10285 | | C/O THE SHAREHOLDER SERVICES GROUP P.O. BOX 1527 BOSTON MA 02104 | | | | | |
| | | | | | 3. Date Incorporated or Qualified 01/13/1993 | 3a. Date of Last Report 05/01/1995 | |
| | | 2a. Mailing Address | | | 4. FEI Number 13-3122097 | Applied For | |
| Suite, Apt. | #, etc. | Suite Apt # etc | Suite, Apt. #, etc. | | Trot applicati | | |
| 2 | | 27 | 27 | | 5. Certificate of Status Desired | S8.75 Additional Fee Required | |
| City & State | | City & State | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 700 | Chamba | 28 | | | Trust Fund Contribution | Added to Fees | |
| Zip 4 | Country 25 | Zip 29 | Country 30 | | 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No | | |
| Name and Address of Current Registered Agent | | | | 77 | 10. Name and Address of New Registered Agent | | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD | | | 8 | Nanie | e | | |
| | | | 8: | Street Addr | ess (P.O. Box Number is Not Acceptab | ole) | |
| PLANI | ration FL 33324 | | 83 | 3 | | | |
| | | | B ² | l *, | | FI 85 Zip Code | |
| | o the provisions of Sections 607.0502 and agent, or both, in the State of Florida | | | named corpor | ation submits this statement for the pur | | |
| tarrina vyt | h, and accept the obligations of, Section | n 607.0505, Florida Statute | is. | porduoir a bosi | о от опессога. Епогеру ассерт тте арр | ointinent as registered agent. I am | |
| SIGNATURE _ | Signature, typed or printed name of registered agent ar | rottorinappicable (N | IOTE: Birgistered Age | ant signature requires | u when reinst stirig] | DATE: | |
| 12. | OFFICERS AND PD | DIRECTORS | 13. | | ADDITIONS/CHANGES TO OFF | | |
| TITLE NAME | BRAVER, MOSHE | []] DELETE | 1. 1 TO'LE | | | Change Addition | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER 29TH FL | | 1.2 NAME | | | | |
| CiTY-ST-ZIP | | | 1.4 CILY - | 1 ADDRESS | | . 1 | |
| TITLE | V | DELFTE | 2 1 THILE | | | ☐ Change ☐ Addition | |
| NAME . | PALMER, DANIEL | | 2 2 NAME | ρ_c | Imier, Daniel | | |
| STREET ADDRESS | | | | I ADDRESS | | , | |
| CITY - ST - ZIP | NEW YORK NY 10285 | | 2 4 CITY- | | | | |
| TITLE NAME | GILFENBAUM, AMY | ☐ DELETE | 3. 1 TITLE | į | | Change Addition | |
| STREET ADDRESS | 2 WORLD FINANCIAL CENTER COTHER | | | 3 2 NAME 3 3 STREET ADDRESS | | | |
| CITY-ST-ZIP | NEW YORK NV 10005 | | | | | | |
| TITLE | \$ | DELETE | 3.4 CITY- 4. 1 TIJLE | | | Change Addition | |
| NAME | MANSON, KAREN | _ | 4 2 NAME | | | Change Mudition | |
| STREET ADDRESS | | | | T ADDRESS | | , | |
| CITY-ST-7IP | NEW YORK NY 10285 | | 4.4 CITY- | l l | | | |
| TITLE | AT DRADDOOK KEARIETIA | X DELEIE | 5 1 TITLE | As | ssistant Treasu | Change Addition | |
| NAME | BRADDOCK, KENNETH | | 5.2 NAME | 61 | Griesinger, Cynthia | | |
| SIREET ADDRESS 3 WORLD FINANCIAL CENTER 29TH FL NEW YORK NY 10285 | | | 5.3 STREE | T ADDRESS 21 | | | |
| CITY-ST-ZIP | AT TORK NT 10285 | Figure | 5 4 CITY- | ST-ZIP B | oston MA 02, within Gresing er | 116 | |
| NAME | TERNULLO, JOSEPH | ☐ DELETE | €. 1 TITLE | 1 | | Change Addition | |
| NAME Street address | 31 ST. JAMES AVENUE 6TH | FL | 6.2 NAME | Cy. | ATTAIR GIVESING OF | | |
| CITY-ST-ZIP | BOSTON MA 02116 | • | | I ADDRESS | | | |
| 111-31-21P | | | 6.4 CITY - | S1-ZIP | | | |

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 armus' 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.

GNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _