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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F92000001043 (0)

HUTTON EQUIPMENT MANAGEMENT INC.

3 WORLD FINANCIAL CENTER 29TH FLOOR NEW YORK NY 10285			FIRST DATA INVESTOR SERVICES GROUP P.O. BOX 1527 BOSTON MA 02104-1527 US					O. Data large grant of the Complete of	D-1(1)	and Danash	
			03					3. Date Incorporated or Qualified 01/13/1993	3a. Date of L 05/01/19		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Applied For	
21			26					13-3122097		Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5, Certificate of Status Desired	11 77	.75 Additional	
City & State			City & State							ee Required	
23			28					Efection Campaign Financing Trust Fund Contribution		5.00 May Be	
Zip		Country	7tp Country					8. This corporation has liability for intangible tax under s. 199.032.			
24		25	29 30					Florida Statutes			
	g, Name	and Address of Current	Registered Agent					10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM, 1200 SOUTH PINE ISLAND ROAD						Namo THE PRENTICE - HALL COEPORATION SYSTEM, FINC 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street					
											PLANTATION FL 33324
[33		•			
					ļ	34 City		Tallahassec	FL 85	Zip Code 32.301	
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 Spattes.											
SIGNATURE	กลขา	W. Nickelser	ייייט פון טעטונע איי	051.0000, 1101		ne	<u> </u>		4/24/	વ રૂ	
SIGNATURE	Signature, lyped	dor printed name of registered agent	and title if applicat	do. (NO1£	Rog-stered	Agent signatur	e required	when reinstating)	DATE		
12.	T 55	OFFICERS AND	DIRECTORS		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	PD	MANUE		DELETE	1.1 717(1		L Cr	ange L Addition (
NAME	BRAVER,		9TH FL		1	1.3 STREET ADDRESS					
STREET ADDRESS) FINANCIAL CENTER (
CITY-ST-ZIP	NEW TO	RK NY 10285		DELETE		/-ST-ZIP	ļ			iange Addition	
TITLE NAME	PALMIER	DANIEL		L. DETCIE	21111		İ			iguine (***) Woonitosi	
STREET ADDRESS) FINANCIAL CENTER (OTH FI		2.2 NAME				ĺ		
CITY-ST-ZIP	NEW YOU		VIII I E			2.3 \$TREE1 ADDRESS 2.4 CITY-S1-ZIP				l	
TITLE	T	1111 111		X DELETE	3.1 1111		† ተ		y Ø ch	range 💆 Addition	
NAME	GILFENB	AUM, AMY		7-	3.2 NAN		NIG	EL WALKER JORLD FINANCIAL CENT		_	
STREET ADDRESS		FINANCIAL CENTER	9TH FL					IORLD FINANCIAL CENT	EK, 29174	FLOOK	
CITY-ST-ZIP		RK NY 10285	•					1 YORK, NY 10285			
TITLE	8		M	DELETE	4.1 TITL		1		☐ CI	nange Addition	
NAME	MANSON				4 2 NA	ME			1		
STREET ADDRESS		FINANCIAL CENTER :	29TH FL		4.3 5TR	FET ADDRESS				,	
CITY - ST - ZIP		RK NY 10285				(- S1 - Z/P	l		····		
TITLE	AS	AR D 61457414		L. DELETE	5.1 T(1)		AT	Turken Charles	X I cr	nange 🔲 Addition	
NAME		GE, R CYNTHIA		5.		NAME GRIE		SINGER, CYNTHIA STATE STREET, MAILZ	ONE BOS	7/0	
STREET ADDRESS	DOSTON ALL						75	SIA IE SIECEI, IMICE		•	
CITY - ST - ZIP		MA		DELETE		r-ST-ZIP		TON, MA 02109	⊘ cr	ange Addition	
TITLE	TEDNIII	.O, JOSEPH		AN DEELE	6.1 TITL 6.2 NAM	ıı	A7	FY, MALACHY	_	,	
NAME Street address		AMES AVENUE 6TH FL			D.Z INAN	TEL AMODECC	52	STATE STOFF T. MAK	zone Bos	710	
CITY-ST-ZIP	MANAGEMENT AND						Rn	STATE STREET, MAILZONE BOSTIO DSTON, MA 02109			
14. I do her	reby certify the	at the information supplied	with this filing	does not qualify	for the e	Y-SI-7IP exemption :	stated i	n Section 119.07(3)(i), Florida Statutes	s. I further certif	y 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 an attachment with an address.											

CYNTHIA GRIESINGER

4/23/97 (617)573-1103

FILED

May 12 1997 8:00am

Secretary of State