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Mar 26 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F93000000035 (6)

1. Corporation Name  
A. FOSTER HIGGINS & CO., INC.

Principal Place of Business  
125 BROAD STREET  
NEW YORK NY 10004

Mailing Address  
125 BROAD STREET  
NEW YORK NY 10004-2400



3. Date Incorporated or Qualified 01/05/1993  
3a. Date of Last Report 03/04/1996

2. Principal Place of Business 21 Suite, Apt. #, etc. 22  
2a. Mailing Address 26 Suite, Apt. #, etc. 27  
4. FEI Number 13-3437435  
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

7. City & State 23 City & State 27  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FELDTMOSE, JOHN N	1.2 NAME	
STREET ADDRESS	125 BROAD STREET	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 1004	1.4 CITY- ST- ZIP	
TITLE	S	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PANDALEON, ALEC A	2.2 NAME	
STREET ADDRESS	125 BROAD STREET	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 1004	2.4 CITY- ST- ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROXE, JOSEPH E	3.2 NAME	
STREET ADDRESS	125 BROAD STREET	3.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 1004	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NIELSEN, RICHARD A	4.2 NAME	
STREET ADDRESS	125 BROAD STREET	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10004	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, ROBERT F	5.2 NAME	
STREET ADDRESS	125 BROAD STREET	5.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10004	5.4 CITY- ST- ZIP	
TITLE	CD	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, DAVID A	6.2 NAME	
STREET ADDRESS	125 BROAD STREET	6.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10004	6.4 CITY- ST- ZIP	

14. I do 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: \_\_\_\_\_ DATE: 3/18/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: JOHN N. FELDTMOSE  
Daytime Phone: 212-574-9031  
0004647