

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000000493 (7)

1. Corporation Name

SOUTHEAST RESEARCH PARTNERS, INC.



Principal Place of Business

ATTN: MICHAEL LOEW, ESQ.
6 EAST 43RD STREET
NEW YORK NY 10017

Mailing Address

JULIE M. HUNT
6 EAST 43RD STREET
NEW YORK NY 10017

2. Principal Place of Business

21 200 Corporate Blvd

Suite, Apt. #, etc.

22 5th 402

City & State

23 New York

Zip

24 10017

Country

25 USA

2a. Mailing Address

26 200 Park Ave

Suite, Apt. #, etc.

27 24th Fl

City & State

28 New York

Zip

29 10166

Country

30 USA

3. Date Incorporated or Qualified

02/01/1993

3a. Date of Last Report

03/30/1995

4. FEI Number

65-0379410

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

PRENTICE HALL CORPORATION SYSTEMS, INC.
1201 HAYES STREET
SUITE 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

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 of person named as registered agent (if not a natural person)

Signature of Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE P/D
NAME SHEIB, PETER
STREET ADDRESS 200 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10017

☐ DELETE

TITLE VD
NAME FITZGERALD, PAUL
STREET ADDRESS 200 PARK AVE.
CITY-ST-ZIP NEW YORK NY 10017

☒ DELETE

TITLE VPCD
NAME HUNT, JULIE M
STREET ADDRESS 6 EAST 43RD STREET
CITY-ST-ZIP NEW YORK NY 10017

☐ DELETE

TITLE S/D
NAME LOEW, MICHAEL
STREET ADDRESS 6 EAST 43RD STREET
CITY-ST-ZIP NEW YORK FL 10017

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

NY, NY 10166

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

NY, NY 10166

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

200 PARK AVE
NY NY 10166

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

200 PARK AVE
NY NY 10166

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, upon an attachment with an address

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/3/96

Daytime Phone #

CR2E034 (12/95)