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Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000493 (7)

1. Corporation Name
SOUTHEAST RESEARCH PARTNERS, INC.

Principal Place of Business 2101 CORPORATE BLVD. 402 BOCA RATON FL 33431 US	Mailing Address 200 PARK AVENUE 24TH FLOOR NEW YORK NY 10166-2400 US
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3. Date Incorporated or Qualified 02/01/1993	3a. Date of Last Report 06/07/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 2101 CORPORATE BLVD 27 402 28 BOCA RATON, FL 29 33431 30 USA
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4. FEI Number 65-0379410	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
			FL	

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	P/D
NAME	SHEIB, PETER
STREET ADDRESS	200 PARK AVE.
CITY- ST- ZIP	NEW YORK NY
TITLE	VD
NAME	FITZGERALD, PAUL
STREET ADDRESS	200 PARK AVE.
CITY- ST- ZIP	NEW YORK NY
TITLE	S/D
NAME	LOEW, MICHAEL
STREET ADDRESS	200 PARK AVENUE
CITY- ST- ZIP	NEW YORK FL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT
1.2 NAME	ROBERT McALEEN
1.3 STREET ADDRESS	2101 CORPORATE BLVD
1.4 CITY- ST- ZIP	BOCA RATON FL 33431
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	EXEC - V.P.
3.2 NAME	PETER McMULLIN
3.3 STREET ADDRESS	2101 CORPORATE BLVD
3.4 CITY- ST- ZIP	BOCA RATON FL 33431
4.1 TITLE	V.P. TREASURER
4.2 NAME	CARL GOODMAN
4.3 STREET ADDRESS	40 GEN HOLDING CORP - 61 BWAY
4.4 CITY- ST- ZIP	NEW YORK NY 10006
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0006894

CR2E034 (9/96)