

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # F93000000582 (7)

1. Corporation Name

NEVILLE, RODIE AND SHAW, INC.

95 APR 10 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

200 MADISON AVENUE
NEW YORK NY 10016

Mailing Address

200 MADISON AVENUE
NEW YORK NY 10016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 06/17/1994
4. FEI Number 13-2571744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business		2a. Mailing Address	
21 <i>New York</i>	26 <i>Same</i>		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State		28 City & State	
24 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CATLIN, LORING 3055 CARDINAL DR. SUITE 305 VERO BEACH FL 32963				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, NORMAN S	1.2 NAME	<i>Director + Chairman of Board</i>
STREET ADDRESS	200 MADISON AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILZER, PARKER W	2.2 NAME	
STREET ADDRESS	200 MADISON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	2.4 CITY-ST-ZIP	
TITLE	SDVP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IVANOFF, MERRY M	3.2 NAME	
STREET ADDRESS	200 MADISON AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	3.4 CITY-ST-ZIP	
TITLE	DCP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONCOTO, DENIS E	4.2 NAME	<i>Director, Vice President + Treasurer</i>
STREET ADDRESS	200 MADISON AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	DV	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CATLIN, LORING	5.2 NAME	
STREET ADDRESS	3055 CARDINAL DR., STE. 305	5.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	DV	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CHARLES B II	6.2 NAME	
STREET ADDRESS	200 MADISON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	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 110.07(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, or on an attachment with an address.

SIGNATURE: *Norman S Walker* *Merry M Ivanoff* *Denis E Loncoto* *Loring Catlin* *Charles B Johnson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *4/3/95* (112) *785-1440*
FILED