

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000002161 (8)
 1. Corporation Name
THE RICHMAN GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 599 W. PUTNAM AVE. GREENWICH CT 06830	Mailing Address 599 W. PUTNAM AVE. GREENWICH CT 06830
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3. Date Incorporated or Qualified
05/06/1993

2. Principal Place of Business 21 599 W. Putnam Ave Suite, Apt. #, etc. 22 City & State 23 Greenwich CT Zip 24 06830-6005 25 USA	2a. Mailing Address 26 599 W. Putnam Ave. Suite, Apt. #, etc. 27 City & State 28 Greenwich CT Zip 29 06830-6005 30 USA
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4. FEI Number 13-3462376	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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**WOLF, LEON J ESQ.
 %BERMAN WOLF & RENNERT, P.A. #3500
 100 S.E. 2ND ST.
 MIAMI FL 33131**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PO	<input type="checkbox"/> DELETE
NAME	RICHMAN, RICHARD P	
STREET ADDRESS	599 W. PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SALZMAN, DAVID A	
STREET ADDRESS	599 W. PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCOTTI, GINA	
STREET ADDRESS	599 W. PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LUDEKE, NEAL	
STREET ADDRESS	599 W. PUTNAM AVE.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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 appointment with an address.

SIGNATURE: _____ **GINA S. SCOTTI** **9-3-98** **202-819-0900**

CR2E034 (10/97)