

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

FILED
Apr 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F93000002447 (1)
 1. Corporation Name
IR PINE CORP.



Principal Place of Business C/O WEXFORD MANAGEMENT 411 WEST PUTNAM AVE. GREENWICH CT 06830 US	Mailing Address C/O WEXFORD MANAGEMENT 411 WEST PUTNAM AVE. GREENWICH CT 06830 US
--	--

ATTN: Angeline Taylor

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/12/1993

22. Principal Place of Business <i>C/O WORTHSTAR PRESIDIO MOUNT CO LLC</i> Suite, Apt., #, etc. Suite 270 City & State	26. Mailing Address Suite, Apt., #, etc. <i>Same</i> City & State
23. Zip Country	27. Zip Country

4. FEI Number
13-2757115

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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYES ST.
 STE. 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DV	HORTZ, ROBERT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President
NAME	411 WEST PUTNAM AVE.		1.2 NAME Richard Sabella
STREET ADDRESS	GREENWICH CT 06830		1.3 STREET ADDRESS (See Above)
CITY - ST - ZIP			1.4 CITY - ST - ZIP
TITLE P	GOVEIA, FRANK	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Senior VP + CFO
NAME	411 WEST PUTNAM AVE.		2.2 NAME Lawrence R. Schachter
STREET ADDRESS	GREENWICH CT 06830		2.3 STREET ADDRESS
CITY - ST - ZIP			2.4 CITY - ST - ZIP
TITLE DV	PLAUMANN, MARK	<input checked="" type="checkbox"/> DELETE	3.1 TITLE Executive VP
NAME	411 WEST PUTNAM AVE.		3.2 NAME Alan B. Rothschild
STREET ADDRESS	GREENWICH CT 06830		3.3 STREET ADDRESS
CITY - ST - ZIP			3.4 CITY - ST - ZIP
TITLE VST	MAYMUES, JAY	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Vice President
NAME	411 WEST PUTNAM AVE.		4.2 NAME Charles Hummel
STREET ADDRESS	GREENWICH CT 06830		4.3 STREET ADDRESS
CITY - ST - ZIP			4.4 CITY - ST - ZIP
TITLE V	ARMON, ARTHUR	<input checked="" type="checkbox"/> DELETE	5.1 TITLE VP, Treasurer, Secretary
NAME	411 WEST PUTNAM AVE.		5.2 NAME Kevin Reardon
STREET ADDRESS	GREENWICH CT 06830		5.3 STREET ADDRESS
CITY - ST - ZIP			5.4 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY - ST - ZIP			6.4 CITY - ST - ZIP

<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition
<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 an attachment with an address.

SIGNATURE: *[Signature]* 3/19/98 203-862-7032

CR2E034 (10/97)