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03-04-1999 90031 012 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000002447**
 1. Corporation Name
IR PINE CORP.

Principal Place of Business
AATN: ANGELINE TAYLOR
NORTHSTAR PRESIDIO MGMT. CO. SUITE 270
GREENWICH CT 06830
US

Mailing Address
ATTN: ANGELINE TAYLOR
NORTHSTAR PRESIDIO MGMT CO. SUITE 270
GREENWICH CT 06830
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **AATN: Angeline Taylor**
 Suite, Apt. #, etc.
 22
 City & State
 23
 Zip Country
 24 25

2a. Mailing Address
 26
 Suite, Apt. #, etc.
 27
 City & State
 28
 Zip Country
 29 30

3. Date Incorporated or Qualified
05/12/1993

4. FEI Number
13-2757115
 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 owes the current year Intangible Personal Property Tax. 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
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABELLA, RICHARD	1.2 NAME	Allan B. Rothschild
STREET ADDRESS	NORTHSTAR PRESIDIO MGMT CO. SUITE 270	1.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	1.4 CITY-ST-ZIP	
TITLE	SVPC <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHACHTER, LAWRENCE R.	2.2 NAME	same
STREET ADDRESS	NORTHSTAR PRESIDIO MGMT. CO. SUITE 270	2.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	2.4 CITY-ST-ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHSCHILD, ALLAN B.	3.2 NAME	SVP, SCL + Treas
STREET ADDRESS	NORTHSTAR PRESIDIO MGMT. CO. SUITE 270	3.3 STREET ADDRESS	J. Peter Paganelli
CITY-ST-ZIP	GREENWICH CT 06830	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUMKER, CHARLES	4.2 NAME	Charles Humber
STREET ADDRESS	NORTHSTAR PRESIDIO MGMT CO. SUITE 270	4.3 STREET ADDRESS	
CITY-ST-ZIP	GREENWICH CT 06830	4.4 CITY-ST-ZIP	
TITLE	VPTS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REARDON, KEVIN	5.2 NAME	Director
STREET ADDRESS	NORTHSTAR PRESIDIO MGMT. CO. SUITE 270	5.3 STREET ADDRESS	Allan B. Rothschild
CITY-ST-ZIP	GREENWICH CT 06830	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 any attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **1-27-99** DAYTIME PHONE #: **203 862-7032**

CR2E034 (1/198)