

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000002722 (7)

1. Corporation Name

NORTH AMERICAN PHILIPS CORPORATION



Principal Place of Business

100 EAST 42ND STREET
NEW YORK NY 10017

Mailing Address

100 EAST 42ND STREET
NEW YORK NY 10017

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/11/1993

3a. Date of Last Report

04/28/1995

4. FEI Number

13-3717427

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature typed or printed name of registered agent and then apply to 12.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BOOST, P. E. J.	
STREET ADDRESS	100 EAST 42ND STREET	
CITY - ST - ZIP	NEW YORK NY 10017	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	ROZEL, S J	
STREET ADDRESS	100 EAST 42ND STREET	
CITY - ST - ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	CHEW, B W	
STREET ADDRESS	100 EAST 42ND STREET	
CITY - ST - ZIP	NEW YORK NY 10017	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FRIEDLANDER, P S	
STREET ADDRESS	100 EAST 42ND STREET	
CITY - ST - ZIP	NEW YORK NY 10017	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CUNDEY, S I JR	
STREET ADDRESS	100 EAST 42ND STREET	
CITY - ST - ZIP	NEW YORK NY 10017	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	LUCAS, G	
STREET ADDRESS	100 EAST 42ND STREET	
CITY - ST - ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William E. Curran	
1.3 STREET ADDRESS	100 East 42nd Street	
1.4 CITY - ST - ZIP	New York, NY 10017	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied and that this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 this 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 the attachment with an address.

SIGNATURE:

Paul S. Friedlander

4/17/96

212-850-5192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)