

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

FILED

Apr 09 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/11/1993

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PT	<input type="checkbox"/> DELETE
NAME	CURRAN, WILLIAM E	
STREET ADDRESS	100 EAST 42ND STREET	
CITY-ST-ZIP	NEW YORK NY	

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 checked="" type="checkbox"/> DELETE
NAME	CHOW, 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 checked="" 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	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	OATES, JR. WARREN	
3.3 STREET ADDRESS	100 EAST 42ND STREET	
3.4 CITY-ST-ZIP	NEW YORK NY 10017	

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 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 executor 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:

Paul S. Friedlander

4/1/98

212-850-5000

CR2E034 (10/97)