FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 24 AM 11:15

DOCUMENT # **F93000003932 (1)**

1. Corporation Name
TREASURE HOUSE NORTH CORP.

Principal Place of Business	Mailing Address
C/O G. SOROS REALTY, INC. 888 SEVENTH AVENUE NEW YORK NY 10106	C/O G. SOROS REALTY, INC. 888 SEVENTH AVENUE NEW YORK NY 10106

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/31/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 13-3730282 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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 mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CHAZEN, LEONARD	12 NAME	
STREET ADDRESS	C/O 520 MADISON AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	ULMER, JOHN	22 NAME	
STREET ADDRESS	C/O 520 MADISON AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	SECRETARY ☒ Change ☐ Addition
NAME	WALDMAN, HANNAH	32 NAME	RODGERS, KEVIN
STREET ADDRESS	C/O 520 MADISON AVENUE	33 STREET ADDRESS	520 MADISON AVE.
CITY-ST-ZIP	NEW YORK NY 10022	34 CITY ST ZIP	NEW YORK, N.Y. 10022
TITLE	T	41 TITLE	TREASURER ☒ Change ☐ Addition
NAME	ANDERSON, PETER	42 NAME	NELSEN, MICHAEL
STREET ADDRESS	C/O 520 MADISON AVENUE	43 STREET ADDRESS	520 MADISON AVE.
CITY ST ZIP	NEW YORK NY 10022	44 CITY ST ZIP	NEW YORK, N.Y. 10022
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GLADSTEIN, GARY	52 NAME	
STREET ADDRESS	888 7TH AVE	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MARKS, EVAN M	62 NAME	
STREET ADDRESS	888 7TH AVE	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: EVAN M. MARKS 2/4/95 (212) 397 5530
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001444 CP