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

APPROVED AND FILED

95 MAY -1 AM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003934

1. Corporation Name
GALAHAD NORTH CORP.

Principal Place of Business | Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 8/26/93 | 3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 C/O G. SOROS REALTY, INC.	26 C/O G. SOROS REALTY, INC.
22 Suite, Apt #, etc: 888 7TH AVE.	27 Suite, Apt #, etc: 888 7TH AVE.
23 City & State: NEW YORK, N.Y.	28 City & State: NEW YORK, N.Y.
24 Zip: 10106 / 25 Country	29 Zip: 10106 / 30 Country

4. FEI Number: 13-3730268 ☐ 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	10. Name and Address of New Registered Agent
THE PRENTICE HALL CORP. SYSTEM, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL. 32301	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 800001478798 -05408/95--01047--005 84 City ****200.00 FL 85 Zip Code ****200.00

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 / NAME / STREET ADDRESS / CITY ST ZIP	11 TITLE: PRESIDENT 12 NAME: VERNON SCHWARTZ 13 STREET ADDRESS: 520 MADISON AVE. 33RD FL. 14 CITY ST ZIP: NEW YORK N.Y. 10022 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	21 TITLE: VICE-PRESIDENT 22 NAME: KEVIN ROGERS 23 STREET ADDRESS: 520 MADISON AVE 24 CITY ST ZIP: NEW YORK, N.Y. 10022 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	31 TITLE: ASSISTANT TREASURER 32 NAME: PETER STREINGER 33 STREET ADDRESS: 888 7TH AVE. 33RD FL. 34 CITY ST ZIP: NEW YORK, N.Y. 10106 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	41 TITLE: DIRECTOR 42 NAME: EVAN M. MARKS 43 STREET ADDRESS: 888 7TH AVE. 33RD FL. 44 CITY ST ZIP: NEW YORK, N.Y. 10106 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	"TAW" 5-1-95 51 TITLE: DIRECTOR 52 NAME: GARY GLADSTEIN 53 STREET ADDRESS: 888 7TH AVE 33RD FL. 54 CITY ST ZIP: NEW YORK, N.Y 10106 — ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	61 TITLE: DIRECTOR 62 NAME: SEAN C. WARREN, ESQ. 63 STREET ADDRESS: 888 7TH AVE. 33RD FL. 64 CITY ST ZIP: NEW YORK N.Y. 10106 — ☐ Change ☐ Addition

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 the 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: _____ 4/18/95 (212) 397 5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
EVAN M. MARKS