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 11:16

DOCUMENT # **F93000004019 (6)**

1. Corporation Name
GALAHAD WEST 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: **09/03/1993**
3a. Date of Last Report: **05/01/1994**

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

4. FEI Number: **13-3730271** ☐ 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 _____
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent's signature required where required) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	CHAZEN, LEONARD	1.2 NAME	
STREET ADDRESS	C/O 520 MADISON AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	1.4 CITY ST ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	ULMER, JOHN	2.2 NAME	
STREET ADDRESS	C/O 520 MADISON AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10022	2.4 CITY ST ZIP	
TITLE	S	3.1 TITLE	SECRETARY ☑ Change ☐ Addition
NAME	WALDMAN, HANNAH	3.2 NAME	RODGERS, KEVIN
STREET ADDRESS	C/O 520 MADISON AVENUE	3.3 STREET ADDRESS	520 MADISON AVE.
CITY-ST-ZIP	NEW YORK NY 10022	3.4 CITY ST ZIP	NEW YORK, N.Y. 10022
TITLE	T	4.1 TITLE	TREASURER ☑ Change ☐ Addition
NAME	ANDERSON, PETER	4.2 NAME	NELSEN, MICHAEL
STREET ADDRESS	C/O 520 MADISON AVENUE	4.3 STREET ADDRESS	520 MADISON AVE.
CITY-ST-ZIP	NEW YORK NY 10022	4.4 CITY ST ZIP	NEW YORK, N.Y. 10022
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	GLADSTEIN, GARY	5.2 NAME	
STREET ADDRESS	888 SEVENTH AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	MARKS, EVAN H	6.2 NAME	
STREET ADDRESS	888 SEVENTH AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 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 Sec. [illegible] 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 added, above with an address.

SIGNATURE: _____ 2/9/95 (212) 397 5530
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EVAN M. MARKS

0001448 CP