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 JAN 31 AM 8:37

DOCUMENT # F93000004134 (3)

1. Corporation Name
SENTINEL REALTY CORP. II

Principal Place of Business	Mailing Address
C/O SENTINEL REAL ESTATE CORPORATION 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104	C/O SENTINEL REAL ESTATE CORPORATION 1290 AVENUE OF THE AMERICAS NEW YORK NY 10104

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/10/1993
3a. Date of Last Report: 02/07/1994

2. Principal Place of Business: 21 666 Fifth Avenue; Suite, Apt. #, etc.: 22 26th Floor; City & State: 23 New York, NY; Zip: 24 10103; Country: 25 USA

2a. Mailing Address: 26 666 Fifth Avenue; Suite, Apt. #, etc.: 27 26th Floor; City & State: 28 New York, NY; Zip: 29 10103; Country: 30 USA

4. FEI Number: 13-3549826 ☐ 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 _____ 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	PCD	1.1 TITLE	☒ Change ☐ Addition
NAME	STREICKER, JOHN H	1.2 NAME	
STREET ADDRESS	1290 AVE. OF THE AMERICAS	1.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	New York, NY 10103
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	CASSIDY, MILLIE C	2.2 NAME	
STREET ADDRESS	1290 AVE. OF THE AMERICAS	2.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP	NEW YORK NY 10104	2.4 CITY-ST-ZIP	New York, NY 10103
TITLE	S	3.1 TITLE	☒ Change ☐ Addition
NAME	WERMAN, SUSAN T	3.2 NAME	
STREET ADDRESS	1290 AVE. OF THE AMERICAS	3.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP	NEW YORK NY 10104	3.4 CITY-ST-ZIP	New York, NY 10103
TITLE	T	4.1 TITLE	☒ Change ☐ Addition
NAME	LONGO, ELIZABETH	4.2 NAME	
STREET ADDRESS	1290 AVE. OF THE AMERICAS	4.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP	NEW YORK NY 10104	4.4 CITY-ST-ZIP	New York, NY 10103
TITLE	V	5.1 TITLE	☒ Change ☐ Addition
NAME	WEINBERGER, MICHAEL J	5.2 NAME	
STREET ADDRESS	1290 AVE. OF THE AMERICAS	5.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP	NEW YORK NY 10104	5.4 CITY-ST-ZIP	New York, NY 10103
TITLE	VD	6.1 TITLE	☒ Change ☐ Addition
NAME	WEINER, DAVID	6.2 NAME	
STREET ADDRESS	1290 AVE. OF THE AMERICAS	6.3 STREET ADDRESS	666 Fifth Avenue
CITY-ST-ZIP	NEW YORK NY 10104	6.4 CITY-ST-ZIP	New York, NY 10103

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: Susan T. Werman 1/16/95 212-400-2900
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #
Susan T. Werman, Secretary

0001491 CP

(continued)

VP
Noel Belli
666 Fifth Avenue
New York, NY 10103