

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

FILED

**Jan 21 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000004412 (3)
1. Corporation Name
THE JOHNSON COMPANY, INC.

Principal Place of Business 630 FIFTH AVE., SUITE 1510 NEW YORK NY 10111	Mailing Address 630 FIFTH AVE., SUITE 1510 NEW YORK NY 10111-0100
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/29/1993	3a. Date of Last Report 06/20/1996
21. Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	4. FEI Number 59-1462292	Applied For Not Applicable
25. Zip	26. Country	27. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29. Name and Address of Current Registered Agent		30. Name and Address of New Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
31. 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.		32. Name		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent DOW, ALEX A 2780 EAST OAKLAND PARK BLVD. FT. LAUDERDALE FL 33306		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	
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROBERT W IV	1.2 NAME	
STREET ADDRESS	630 FIFTH AVE., SUITE 1510	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10111	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURMEISTER, NEIL J	2.2 NAME	
STREET ADDRESS	160 WEST 66TH STREET, APT. 23B	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	10023
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, MARY ANN	3.2 NAME	
STREET ADDRESS	120 E. 75TH ST., APT. 3B	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LATMAN, JOEL	4.2 NAME	
STREET ADDRESS	33 MARKWOOD LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	E NORTHPORT NY	4.4 CITY-ST-ZIP	11731
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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: Mary Ann Adams **MARY ANN ADAMS** 7 Jan 1997 212/332-7500

CR2E034 (9/96)