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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F93000005023 (7)

1. Corporation Name
AP CENTURY IV OPERATING CORPORATION

Principal Place of Business
2 MANHATTANVILLE RD.
PURCHASE NY 10577

Mailing Address
2 MANHATTANVILLE RD.
PURCHASE NY 10577-2118



3. Date Incorporated or Qualified 11/05/1993
3a. Date of Last Report 03/12/1996

4. FEI Number 52-1858077
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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
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 signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	VASD	<input type="checkbox"/> DELETE
NAME	HANNAN, JOHN J	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WEINER, MICHAEL D	
STREET ADDRESS	1999 AVENUE OF THE STARS	
CITY-ST-ZIP	LOS ANGELES CA 90087	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, LEON D	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHETZ, EDWARD	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SOLOTRUK, RONALD	
STREET ADDRESS	2 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KOENIG, STUART	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LEG NEIBART	
1.3 STREET ADDRESS	1301 AVENUE OF THE AMERICAS	
1.4 CITY-ST-ZIP	NY NY 10019	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: *Amely A. Toth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/97 914-694-8000
Date Daytime Phone #

CR2E034 (9/96)