

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

APPROVED
AND
FILED

1996 JUN -4 PM 2:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000005313 (2)

1. Corporation Name

RPF II REALTY CORP.

Principal Place of Business

C/O GE INVESTMENTS
3003 SUMMER STREET
STAMFORD CT 06904

Mailing Address

C/O GE INVESTMENTS
3003 SUMMER STREET
STAMFORD CT 06904

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
26 C/O GEIC R/E Tax Dept.
27 Suite, Apt. #, etc.
28 P.O. Box 120073
29 Stamford, CT
30 06912-0073 USA

3. Date Incorporated or Qualified
11/22/1993

3a. Date of Last Report
01/24/1995

4. FEI Number
52-1803078

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VDS ☐ DELETE
NAME STRONE, MICHAEL J
STREET ADDRESS 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904
TITLE P ☐ DELETE
NAME RIORDAN, PHILIP A
STREET ADDRESS 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904
TITLE V ☐ DELETE
NAME WIEDERECHT, DAVID W
STREET ADDRESS 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904
TITLE V ☐ DELETE
NAME HOOVER, STEPHEN B
STREET ADDRESS 3003 SUMMER STREET
CITY-ST-ZIP STAMFORD CT 06904
TITLE V ☐ DELETE
NAME BARRETT, B B
STREET ADDRESS 2029 CENTURY PARK EAST, SUITE 1230
CITY-ST-ZIP LOS ANGELES CA 90067
TITLE VT ☐ DELETE
NAME LEVANTI, STEPHEN J
STREET ADDRESS 3003 SUMMER STR
CITY-ST-ZIP STAMFORD CT

1.1 TITLE VT ☐ Change ☒ Addition
1.2 NAME Dwyer, Patrick F.
1.3 STREET ADDRESS 3003 Summer Street
1.4 CITY-ST-ZIP Stamford, CT 06904
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☒ Change ☐ Addition
6.2 NAME Levanti, Stephen J.
6.3 STREET ADDRESS 3003 Summer Street
6.4 CITY-ST-ZIP Stamford, CT 06904

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael J. Strone

5/30/96

(203) 326-2300

CR2E034 (12/95)