


**RULE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**Mar 11 1998 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham,</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000005892 (5)**

**1. Corporation Name**  
**TRIAK SERVICES CORP**



<b>Principal Place of Business</b> 16 FORUM BLVD SUITE 806 WEST PALM BEACH FL 33401 US	<b>Mailing Address</b> 7 HANOVER SQUARE 4TH FLOOR NEW YORK NY 10004 US
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>7 HANOVER SQUARE</b> Suite, Apt. #, etc. 22 <b>4TH FLOOR</b> City & State 23 <b>NEW YORK, NY</b> Zip 24 <b>10004</b> Country 25 <b>US</b>		<b>2a. Mailing Address</b> 26 <b>7 HANOVER SQUARE</b> Suite, Apt. #, etc. 27 <b>4TH FLOOR</b> City & State 28 <b>NEW YORK, NY</b> Zip 29 <b>10004</b> Country 30 <b>US</b>		<b>3. Date Incorporated or Qualified</b> <b>12/28/1993</b>
		<b>4. FEI Number</b> <b>13-3594912</b>	<b>Applied For</b> <input type="checkbox"/> <b>Not Applicable</b>	
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>9. Name and Address of Current Registered Agent</b> <del>DEL DEO, JULIA</del> <del>1601 FORUM PLACE</del> <del>SUITE 806</del> <del>WEST PALM BEACH FL 33401</del> <b>NRAI SERVICES INC.</b> <b>526 E. PARK AVENUE</b> <b>TALLAHASSEE, FL</b> <b>EFFECTIVE 2-16-98</b> <b>32301</b>		<b>10. Name and Address of New Registered Agent</b> 81 Name <b>NRAI SERVICES INC.</b> 82 Street Address (P.O. Box Number is Not Acceptable) 83 <b>526 E. PARK AVENUE</b> 84 City <b>TALLAHASSEE</b> FL 85 Zip Code <b>32301</b>	
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**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** SEE STATEMENT OF CHANGE ENCLOSED **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1998</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>LANG, EVERETT F</b> <b>7 HANOVER SQUARE, 4TH FLOOR</b> <b>NEW YORK NY</b> <input checked="" type="checkbox"/> DELETE	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY-ST-ZIP</b>	<b>C</b> <b>MARINO, DENNIS</b> <b>7 HANOVER SQUARE, 4TH FLOOR</b> <b>NEW YORK, NY 10004</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>C</b> <b>KARSH, BILL</b> <b>10 EXCHANGE PLACE</b> <b>JERSEY CITY NJ</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY-ST-ZIP</b>	<b>P</b> <b>KARSH, BILL</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>M</b> <b>ROSEN, SETH</b> <b>7 HANOVER SQUARE, 4TH FLOOR</b> <b>NEW YORK NY</b> <input checked="" type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY-ST-ZIP</b>	<b>M</b> <b>SHARENOW, GREGG</b> <b>7 HANOVER SQUARE, 4TH FLOOR</b> <b>NEW YORK, NY 10004</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>M</b> <b>KUCHARSKI, ED</b> <b>7 HANOVER SQUARE, 4TH FLOOR</b> <b>NEW YORK NY</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY-ST-ZIP</b>	<b>M</b> <b>MAURIELLO, GLEN</b> <b>7 HANOVER SQUARE, 4TH FLOOR</b> <b>NEW YORK, NY 10004</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>M</b> <b>GOLVALA, NEVILLE</b> <b>7 HANOVER SQUARE, 4TH FLOOR</b> <b>NEW YORK NY</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>M</b> <b>HOLMAN, JOHN</b> <b>7 HANOVER SQUARE, 4TH FLOOR</b> <b>NEW YORK NY</b> <input checked="" type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**14. I 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:** [Signature] **DATE:** 2-18-98 **212-863-4200**

CR2E034 (10/97)