

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

FILED

May 08 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 # **F94000000077 (7)**

1. Corporation Name

THIRD STREET PLAZA, INC.

Principal Place of Business

**75 WALL ST 12TH FLOOR
NEW YORK NY 10265**

Mailing Address

**75 WALL ST 12TH FLOOR
NEW YORK NY 10265-0001**



2. Principal Place of Business

21 75 Wall St. 12th Floor

2a. Mailing Address

26 75 Wall St, 12th Floor

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

01/05/1994

3a. Date of Last Report

04/18/1996

4. FEI Number

10-8451458 13-3751458

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	HUESEN, EREN	
STREET ADDRESS	75 WALL STREET	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOBBS, STEVE	
STREET ADDRESS	75 WALL STREET	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'KANE, JOHN	
STREET ADDRESS	75 WALL STREET	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MANDAVIA, NIKETU	
STREET ADDRESS	75 WALL STREET	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRIEVE, MARGARET M	
STREET ADDRESS	75 WALL STREET	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HEWITT, PETER G	
STREET ADDRESS	75 WALL STREET	
CITY - ST - ZIP	NEW YORK NY 10265	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/O Marciano, Ben	
1.3 STREET ADDRESS	75 Wall street	
1.4 CITY - ST - ZIP	New York, NY 10265	
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	✓ Hadler, Thomas J	
6.3 STREET ADDRESS	75 wall street	
6.4 CITY - ST - ZIP	New York, NY 10265	

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:

Thomas J. Hadler

V.P. Thomas J. Hadler

4/29/97

(212) 412-3257

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0497783

CR2E034 (9/96)