

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000000326 (8)

1. Corporation Name

THE REALLY USEFUL CENTRAL COMPANY, INC.

FILED

95 AUG 10 PM 12:21

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

39 WEST 54TH STREET
NEW YORK NY 10019

Mailing Address

39 WEST 54TH STREET
NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/24/1994

3a. Date of Last Report

2. Principal Place of Business

21. ~~Rockefeller Plaza~~
~~Suite 1528~~

2a. Mailing Address

26. ~~1 Rockefeller Plaza~~
~~Suite 1528~~

4. FEI Number

13-3548898

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

23. City & State

New York NY

27. City & State

New York NY

24. Zip

10020

25. Country

USA

29. Zip

10020

30. Country

USA

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

NAME

STREET ADDRESS

CITY-ST-ZIP

PC
EASTMAN, JOHN L
39 WEST 54TH STREET
NEW YORK NY 10019

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
DOBIE, EDGAR
39 WEST 54TH STREET
NEW YORK NY 10019

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

S
TOMORUG, MARY
39 WEST 54TH STREET
NEW YORK NY 10019

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TC
MCCABE, JANET P
39 WEST 54TH STREET
NEW YORK NY 10019

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President

☒ Change ☐ Addition

1.2 NAME

Edgar, Dobie

1.3 STREET ADDRESS

1 Rockefeller Plaza, Suite 1528

1.4 CITY-ST-ZIP

New York, NY 10020

2.1 TITLE

Director of Finance

☒ Change ☐ Addition

2.2 NAME

Robert A. Butters

2.3 STREET ADDRESS

1 Rockefeller Plaza, suite 1528

2.4 CITY-ST-ZIP

New York, NY 10020

3.1 TITLE

Secretary

☒ Change ☐ Addition

3.2 NAME

Nel Lombardo

3.3 STREET ADDRESS

1 Rockefeller Plaza, suite 1528

3.4 CITY-ST-ZIP

New York, NY 10020

4.1 TITLE

Controller

☒ Change ☐ Addition

4.2 NAME

Sandra Waldman

4.3 STREET ADDRESS

1 Rockefeller Plaza, Suite 1528

4.4 CITY-ST-ZIP

New York, NY 10020

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

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 110.07(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 for 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, change or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/95

212-247-2123