

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 FEB 29 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F94000001280 (6)**

1. Corporation Name

**AP CF INVESTORS I OPERATING CORPORATION**

Principal Place of Business  
**2 MANHATTANVILLE ROAD  
PURCHASE NY 10577**

Mailing Address  
**2 MANHATTANVILLE ROAD  
PURCHASE NY 10577**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

**03/14/1994**

3a. Date of Last Report

4. FEI Number

**APPLIED FOR 51-0353730**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

**\$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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST., STE. 105  
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 607.150B, 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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>
NAME	<b>BLACK, LEON D</b>
STREET ADDRESS	<b>2 MANHATTANVILLE ROAD</b>
CITY - ST - ZIP	<b>PURCHASE NY 10577-2118</b>
TITLE	<b>DVS</b>
NAME	<b>HANNAN, JOHN J</b>
STREET ADDRESS	<b>2 MANHATTANVILLE ROAD</b>
CITY - ST - ZIP	<b>PURCHASE NY 10577-2118</b>
TITLE	<b>DVS</b>
NAME	<b>WEINER, MICHAEL</b>
STREET ADDRESS	<b>1000 AVENUE OF THE STARS</b>
CITY - ST - ZIP	<b>LOS ANGELES CA 90067</b>
TITLE	<b>VS</b>
NAME	<b>COGUT, CRAIG M</b>
STREET ADDRESS	<b>2 MANHATTANVILLE ROAD</b>
CITY - ST - ZIP	<b>PURCHASE NY 10577-2118</b>
TITLE	<b>V</b>
NAME	<b>ROWAN, MARC J</b>
STREET ADDRESS	<b>2 MANHATTANVILLE ROAD</b>
CITY - ST - ZIP	<b>PURCHASE NY 10577-2118</b>
TITLE	<b>V</b>
NAME	<b>SCHETZ, EDWARD</b>
STREET ADDRESS	<b>2 MANHATTANVILLE ROAD</b>
CITY - ST - ZIP	<b>PURCHASE NY 10577-2118</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Shapiro, Fred</b>	
1.3 STREET ADDRESS	<b>2 Manhattanville Rd.</b>	
1.4 CITY - ST - ZIP	<b>Purchase, New York 10577</b>	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 116.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Fred Shapiro*  
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

**Fred Shapiro**

*2/17/95*

(914) 694-8000