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Marling Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 31 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001905 (8)

GSG INVESTORS III, INC.

Principal Place of Business

1

CITY - ST - ZIP

SIGNATURE: _()

C/O GEORGE HAKIM C/O GEORGE HAKIM 203 HOOVER DRIVE 203 HOOVER DRIVE CRESSKILL NJ 07626 CRESSKILL NJ 07626-1780 3. Date incorporated or Qualified 3a. Date of Last Report 04/13/1994 05/01/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address 13-3757314 26 Not Applicable 21 Suite, Apt. #, etc. Suite Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zio This corporation has liability for intangible tay under s. 199.032. Yes No 24 29 30 Florida Statutes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 81 Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 105 TALLAHASSEE FL 32301 **R3** 84 City 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 Cignature, typed or printed rianle of registered areas and title if applicable (NOTE: Registered Agent signisture required which reinstatings OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13 12. 13. DELETE Change TITLE 1 1 TITLE HAKIM, GEORGE 1.2 NAME NAME CR2E034 180 MADISON AVENUE 1.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition 2.1 TITLE TITLE HAKIM JR. GABE NAME 2.2 NAME 180 MADISON AVENUE 23 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE KRONFELD, SUSAN H 3.2 NAME NAME 180 MADISON AVENUE STREET ADDRESS 3.3 STREET ADDRESS **NEW YORK NY** CITY - ST - ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE Change Addition 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZiF 10000212870H^{Change} -03/31/97--01098--036 OFLETE Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS ***165.00 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE THILF NAME 6.2 NAME 63 STREET ADDRESS STREET ADDRESS

6.4 C'TY - ST - ZIP

PRINTED NAME OF SIGNING OFFICER OF DIRECTOR KIM 3/16/97 20/-768-1220

0003080

14. To hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this armual report or suppliemental 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.