

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # F94000002138 (5)

1. Corporation Name

8TH FLOOR REALTY CORP.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -7 PM 3: 33

Principal Place of Business Mailing Address  
C/O MR. KEVIN MOORE C/O MR. KEVIN MOORE  
30 WALL STREET, 9TH FLOOR 30 WALL STREET, 9TH FLOOR  
NEW YORK NY 10005 NEW YORK NY 10005

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>04/25/1994</b>	3a. Date of Last Report
4. FEI Number <b>APPLIED FOR 13-3771946</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
29	30

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
SUITE 105  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when constituting) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACK, EDWARD W	1.2 NAME	
STREET ADDRESS	30 WALL STREET, 9TH FLOOR	1.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10005	1.4 CITY- ST- ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, KEVIN	2.2 NAME	
STREET ADDRESS	30 WALL STREET, 9TH FLOOR	2.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10005	2.4 CITY- ST- ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JANE F	3.2 NAME	
STREET ADDRESS	30 WALL STREET, 9TH FLOOR	3.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10005	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURDICK, WILLIAM T	4.2 NAME	
STREET ADDRESS	30 WALL STREET, 9TH FLOOR	4.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10005	4.4 CITY- ST- ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARKSON, RICHARD C	5.2 NAME	
STREET ADDRESS	30 WALL STREET, 9TH FLOOR	5.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10005	5.4 CITY- ST- ZIP	
TITLE	AT	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANISON, RICHARD C	6.2 NAME	
STREET ADDRESS	30 WALL STREET, 9TH FLOOR	6.3 STREET ADDRESS	
CITY- ST- ZIP	NEW YORK NY 10005	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 provided in Sections 119.07(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: Kevin S. Moore Kevin S. Moore 1/10/95 212-269-1833  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)