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May 06 1997 8:00am

Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000002912 (3)

1. Corporation Name
BALLANTRAE HOLDING CORP.



Principal Place of Business

280 LONG RIDGE RD
SUITE 900
STAMFORD CT 06927
US

Mailing Address

DEPT. 8109
280 LONG RIDGE RD.
STAMFORD CT 06927-1600
US

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
04/14/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

4. FEI Number
06-1398648

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 P
NAME FRAIZER, MICHAEL D
STREET ADDRESS 280 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

TITLE V
NAME SANTORO, EDWARD J
STREET ADDRESS 280 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

TITLE V
NAME HENRY, DAVID B
STREET ADDRESS 280 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

TITLE V
NAME PFEIFFER, R E
STREET ADDRESS 280 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT 06927 ☐ DELETE

TITLE VS
NAME HOZA, JEFFREY S
STREET ADDRESS 600 W. PEACHTREE ST., N.W.
CITY-ST-ZIP ATLANTA GA 30308 ☐ DELETE

TITLE VS
NAME EKBLAW, ERIC
STREET ADDRESS 600 W. PEACHTREE ST., N.W.
CITY-ST-ZIP ATLANTA GA 30308 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Absent Trans - Taxer ☐ Change ☒ Addition
1.2 NAME Gary J. Schulman
1.3 STREET ADDRESS 280 Long Ridge Rd
1.4 CITY-ST-ZIP Stamford CT 06927

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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: Gary J. Schulman 4-27-97 803-357-4814

CR2E034 (9/96)