FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 PM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000004343 (9)**

1. Corporation Name
WHITEHALL TRUST LIMITED, INC.

Principal Place of Business	Mailing Address
% LAZARD PARTNERS L.P. 1701 SHALLCROSS AVE., STE. C WILMINGTON DE 19806-2437	% LAZARD PARTNERS L.P. 1701 SHALLCROSS AVE., STE. C WILMINGTON DE 19806-2437

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:

2. Principal Place of Business (21) — Suite, Apt. #, etc (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc (27) — City & State (28) — Zip (29) — Country (30)

4. FEI Number: 51-6160365 ☐ 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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	BLAKENHAM, MICHAEL J	12 NAME		
STREET ADDRESS	MILLBANK TOWER	13 STREET ADDRESS	1701-C Shallcross Ave.	Address Only
CITY-ST-ZIP	MILLBANK, LONDON SW1P 4QZ	14 CITY-ST-ZIP	Wilmington, DE 19806	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	JOLL, JAMES ANTHONY	22 NAME		
STREET ADDRESS	26 KINSINGTON PARK GARDENS	23 STREET ADDRESS	1701- C Shallcross Ave.	Address Only
CITY-ST-ZIP	LONDON W11 3PA	24 CITY-ST-ZIP	Wilmington, DE 19806	
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	BURRELL, MARK W	32 NAME		
STREET ADDRESS	43A REEVES MEWS	33 STREET ADDRESS	1701-C Shallcross Ave.	Address Only
CITY-ST-ZIP	LONDON W1Y 3PA	34 CITY-ST-ZIP	Wilmington, DE 19806	
TITLE	D	41 TITLE		☒ Change ☐ Addition
NAME	VEIT, DAVID M	42 NAME		
STREET ADDRESS	32 COWDIN LANE	43 STREET ADDRESS	1701-C Shallcross Ave.	Address Only
CITY-ST-ZIP	CHAPPAQUA NY 10514	44 CITY-ST-ZIP	Wilmington, DE 19806	
TITLE	D	51 TITLE		☒ Change ☐ Addition
NAME	LAWLESS, ANETTE V	52 NAME		
STREET ADDRESS	18 BRODIA ROAD, STOKE NEWINGTON	53 STREET ADDRESS	1701-C Shallcross Ave.	Address Only
CITY-ST-ZIP	LONDON N16 OES	54 CITY-ST-ZIP	Wilmington, DE 19806	
TITLE	S	61 TITLE		☒ Change ☐ Addition
NAME	GOMM, JOSEPHINE E	62 NAME		
STREET ADDRESS	136 COLLEGE LANE, HURSTPIERPOINT	63 STREET ADDRESS	1701-C Shallcross Ave.	Address Only
CITY-ST-ZIP	WEST SUSSEX BN6 9AJ	64 CITY-ST-ZIP	Wilmington, DE 19806	

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 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: X [signature] DIRECTOR 3/17/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0474323 FP