

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000004398 (3)

1. Corporation Name

AP-NPI OPERATING CORPORATION



Principal Place of Business

Mailing Address

2 MANHATTANVILLE ROAD  
PURCHASE NY 10577

2 MANHATTANVILLE ROAD  
PURCHASE NY 10577

3. Date Incorporated or Qualified

08/24/1994

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

4. FEI Number

52-1889508

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

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET 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 607.1508, 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 one if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME BLACK, LEON D  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-STATE-ZIP PURCHASE NY

TITLE VASD ☐ DELETE

NAME HANNAN, JOHN J  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-STATE-ZIP PURCHASE NY

TITLE VASD ☐ DELETE

NAME WEINER, MICHAEL  
STREET ADDRESS 1999 AVENUE OF THE STARS  
CITY-STATE-ZIP LOS ANGELES CA

TITLE VS ☒ DELETE

NAME COGUT, CRAIG M  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-STATE-ZIP PURCHASE NY

TITLE V ☒ DELETE

NAME ROWAN, MARC J  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-STATE-ZIP PURCHASE NY

TITLE V ☐ DELETE

NAME SCHEETZ, EDWARD  
STREET ADDRESS 2 MANHATTANVILLE RD.  
CITY-STATE-ZIP PURCHASE NY

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS 2 MANHATTANVILLE ROAD  
1.4 CITY-STATE-ZIP PURCHASE, NY 10577

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS STUART KOENIG  
2.4 CITY-STATE-ZIP 1301 AVENUE OF AMERICAS  
NEW YORK, NY 10019

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS V/AS  
3.4 CITY-STATE-ZIP LEE NEIBART  
1301 AVENUE OF THE AMERICAS  
NEW YORK, NY 10019

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS V/AS  
4.4 CITY-STATE-ZIP RICARDO KOENIGSBERGER  
1301 AVENUE OF THE AMERICAS  
NEW YORK, NY 10019

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS V/AS  
5.4 CITY-STATE-ZIP RONALD KRAVIT  
1301 AVENUE OF THE AMERICAS  
NEW YORK, NY 10019

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 119.07(3)(k), 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:

*Ronald Solotruk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96

Date

(914) 694-8000

Daytime Phone #

CR2E034 (12/95)