

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00CORPORATION
ANNUAL REPORT
1995FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS**APPROVED
AND
FILED**

95 MAY 16 AM 8:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**DOCUMENT # F94000005339 (6)**

1. Corporation Name

CLARIDEN ASSET MANAGEMENT (NEW YORK) INC.

Principal Place of Business

Mailing Address

540 MADISON AVE.
NEW YORK NY 10022540 MADISON AVE.
NEW YORK NY 10022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/14/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

13-3362143

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees8. This corporation has liability for intangible tax under S. 109.032,
Florida Statutes ☐ Yes ☒ No

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23

City & State

27

City & State

24

Zip

Country

29

Zip

Country

25

Country

30

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD
POQUE, MAI N
60 PATTERSON AVE.
GREENWICH CT 06830

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

V
STOUFFER, TRACY P
103 PATTON AVE.
PRINCETON NJ 08540

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

ST
KANIEW, ANDREW A
10 CLOVER DR.
WILTON CT 06897

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D
HOFFMANN, ALEXANDRE C
CLARIDEN STRASSE 26
CH-8022 ZURICH, SWITZERLAND

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D
STALDER, BERNARD
CLARIDEN STRASSE 26
CH-8022 ZURICH, SWITZERLAND

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

D
NEHER, HERBERT M
CLARIDEN STRASSE 26
CH-8022 ZURICH, SWITZERLAND

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

ANDREW A. KANZEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/95

(212) 888-4949