

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 22, 1999 8:00 am
Secretary of State

06-22-1999 90001 010 ***550.00

DOCUMENT # F94000005800

1. Corporation Name

EASTDIL BROKER SERVICES, INC.

Principal Place of Business

40 WEST 57TH STREET
NEW YORK NY 10019

Mailing Address

40 WEST 57TH STREET
NEW YORK NY 10019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1994

4. FEI Number

13-3792977

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1406 HAYS STREET STE 2
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

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 PCD ☐ DELETE
NAME LAMBERT, BENJAMIN V
STREET ADDRESS 40 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY

TITLE VD ☐ DELETE
NAME MARCH, ROY H
STREET ADDRESS 40 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY

TITLE STD ☐ DELETE
NAME WALLAU, MARTHA T
STREET ADDRESS 40 WEST 57TH STREET
CITY-ST-ZIP NEW YORK NY

TITLE V ☒ DELETE
NAME ANTONCIC, MARK A
STREET ADDRESS 329 ROARING BROOK RD.
CITY-ST-ZIP CHAPPAQUA NY

TITLE V ☐ DELETE
NAME GRASSO, PATRICK
STREET ADDRESS 18 SHORE ACRE DR
CITY-ST-ZIP OLD GREENWICK CT 06870

TITLE V ☐ DELETE
NAME SHERROW, M M
STREET ADDRESS 150 E 56TH ST, APT 5104
CITY-ST-ZIP NEW YORK NY 10019

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 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, with all other like empowered.

SIGNATURE:

Mark A. Antoncic
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/99

212 315 7200

Date

Daytime Phone #

CR2E034 (1/98)