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May 08 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 # **F95000000303 (6)**

1. Corporation Name
CLARCONA RETAIL, INC.

Principal Place of Business
**75 WALL STREET, 12TH FL
NEW YORK NY 10265**

Mailing Address
**75 WALL STREET, 12TH FL
NEW YORK NY 10265-0001**



2. Principal Place of Business

2a. Mailing Address

21 **75 Wall St. 12th Floor**

26 **75 Wall St. 12th Floor**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified
01/19/1995

3a. Date of Last Report
04/18/1996

4. FEI Number
58-1904731

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

**CT 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

Sign and type 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	PD	<input checked="" type="checkbox"/> DELETE
NAME	HEUSEN, EREN	
STREET ADDRESS	75 WALL ST.	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NOBBS, STEVE	
STREET ADDRESS	75 WALL ST.	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	D	<input type="checkbox"/> DELETE
NAME	O'KANE, JOHN	
STREET ADDRESS	75 WALL ST.	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HEWITT, PETER G	
STREET ADDRESS	75 WALL ST.	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	MANDAVIA, NIKETU	
STREET ADDRESS	75 WALL ST.	
CITY - ST - ZIP	NEW YORK NY 10265	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GRIEVE, MARGARET M	
STREET ADDRESS	222 BROADWAY	
CITY - ST - ZIP	NEW YORK NY 10038	

1.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	P/O Marciano, Ben	
1.3 STREET ADDRESS	75 Wall Street	
1.4 CITY - ST - ZIP	New York, NY 10265	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hadler, Thomas J.	
4.3 STREET ADDRESS	75 Wall Street	
4.4 CITY - ST - ZIP	New York, NY 10265	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas J. Hadler V.P. **Thomas J. Hadler** 4/29/97 (212) 412-3257

Date

Daytime Phone

0497785

CR2E034 (9/96)