

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F95000001352 (2)

1. Corporation Name

ARGO REO CORP.



Principal Place of Business

100 MENLO PARK, FIFTH FLOOR  
EDISON NJ 08837

Mailing Address

100 MENLO PARK, FIFTH FLOOR  
EDISON NJ 08837

3. Date Incorporated or Qualified

03/21/1995

3a. Date of Last Report

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

Country

28

29

30

4. FEI Number

13-3773669

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 not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE  
NAME O'CONNOR, JEREMIAH W JR.  
STREET ADDRESS 399 PARK AVE., 25TH FL.  
CITY-STATE-ZIP NEW YORK NY 10022

TITLE DP ☒ DELETE  
NAME PIPA, JOHN F  
STREET ADDRESS 399 PARK AVE., 25TH FL.  
CITY-STATE-ZIP NEW YORK NY 1002

TITLE VS ☐ DELETE  
NAME LEITAO, KEVIN D  
STREET ADDRESS 399 PARK AVE., 25TH FL.  
CITY-STATE-ZIP NEW YORK NY 1002

TITLE V ☐ DELETE  
NAME AULIS, ERWIN K  
STREET ADDRESS 399 PARK AVE., 25TH FL.  
CITY-STATE-ZIP NEW YORK NY 1002

TITLE V ☐ DELETE  
NAME LAMB, MARTIN  
STREET ADDRESS 399 PARK AVE., 25TH FL.  
CITY-STATE-ZIP NEW YORK NY 1002

TITLE V ☐ DELETE  
NAME QUINN, THOMAS E  
STREET ADDRESS 100 MENLO PARK, 5TH FL.  
CITY-STATE-ZIP EDISON NJ 08837

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

Vice President

☐ Change ☒ Addition

Artinstall, Kenneth J.

399 Park Avenue, 25th Fl.

New York, NY 10022

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Erwin K. Aulis

2/15/96

212-308-7700

Day

Daytime Phone #

CR2E034 (12/95)