

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

FILED
May 28 1996 8:00 am
Secretary of State

DOCUMENT #

1. Corporation Name F95000001526

GCI ORANGE, INC.

Principal Place of Business

100 Wall Street
New York, NY 10005

Mailing Address

c/o Granum Communications, Inc.
100 Wall Street
New York, NY 10005

3. Date Incorporated or Qualified
3-29-95

3a. Date of Last Report

4. FEI Number
13-379148

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 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

10. Name and Address of New Registered Agent

The Prentice-Hall Corporation System
1201 Hays Street
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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	President & C.E.O.	<input type="checkbox"/> DELETE
NAME	Herbert W. McCord	
STREET ADDRESS	100 Wall Street	
CITY-ST-ZIP	New York, NY 10005	
TITLE	Vice-President & C.O.O.	<input type="checkbox"/> DELETE
NAME	Peter Ferrara, JR.	
STREET ADDRESS	100 Wall Street	
CITY-ST-ZIP	New York, NY 10005	
TITLE	Treasurer & C.F.O.	<input type="checkbox"/> DELETE
NAME	Michael Weinstein	
STREET ADDRESS	100 Wall Street	
CITY-ST-ZIP	New York, NY 10005	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Scott M. Stuart	
STREET ADDRESS	9 West 57th Street, Suite 4250	
CITY-ST-ZIP	New York, NY	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Nils Brous	
STREET ADDRESS	9 West 57th Street, Suite 4250	
CITY-ST-ZIP	New York, NY	
TITLE	Assistant Sec.	<input type="checkbox"/> DELETE
NAME	Karen Rozar	
STREET ADDRESS	1201 Hays Street	
CITY-ST-ZIP	Tallahassee, FL 32301	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 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

Date

Daytime Phone #

CR2E034 (12/95)