

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000002002 (2)

1. Corporation Name

STATION HOLDINGS B INC.



Principal Place of Business

Mailing Address

51 WEST 52 ST.
NEW YORK NY 10019

51 WEST 52 ST.
NEW YORK NY 10019

3. Date Incorporated or Qualified

3a. Date of Last Report

04/25/1995

2. Principal Place of Business

2a. Mailing Address

c/o C. McMorrow
51 W. 52 St.

4. FEI Number

13-3787069

Applied For

Not Applicable

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

24

25

29 10019

30

USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE FRIZZICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
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 state if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|--------------------|--|
| TITLE | C | <input checked="" type="checkbox"/> DELETE |
| NAME | LUND, PETER A | |
| STREET ADDRESS | 51 WEST 52 ST. | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | DPT | <input checked="" type="checkbox"/> DELETE |
| NAME | KEEGAN, PETER W | |
| STREET ADDRESS | 51 WEST 52 ST. | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | D | <input checked="" type="checkbox"/> DELETE |
| NAME | RODGERS, JOHNATHAN | |
| STREET ADDRESS | 51 WEST 52 ST. | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | BOBROW, ALVAN L | |
| STREET ADDRESS | 51 WEST 52 ST. | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | S | <input checked="" type="checkbox"/> DELETE |
| NAME | KADENW, ELLEN O | |
| STREET ADDRESS | 51 WEST 52 ST. | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |
| TITLE | AT | <input checked="" type="checkbox"/> DELETE |
| NAME | PEARLMAN, MARK B | |
| STREET ADDRESS | 51 WEST 52 ST. | |
| CITY-ST-ZIP | NEW YORK NY 10019 | |

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | Director, Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Klein, Jonathan | |
| 1.3 STREET ADDRESS | 51 West 52 St. | |
| 1.4 CITY-ST-ZIP | New York, NY 10019 | |
| 2.1 TITLE | Director, President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Korn, Willard C. | |
| 2.3 STREET ADDRESS | 51 West 52 St. | |
| 2.4 CITY-ST-ZIP | New York, NY 10019 | |
| 3.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Miles, George C. | |
| 3.3 STREET ADDRESS | 11 Stanwix St. | |
| 3.4 CITY-ST-ZIP | Pittsburgh, PA 15222 | |
| 4.1 TITLE | Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Morf, Claudia E. | |
| 4.3 STREET ADDRESS | 11 Stanwix St. | |
| 4.4 CITY-ST-ZIP | Pittsburgh, PA 15222 | |
| 5.1 TITLE | Secretary, Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | Messinger, Martin P. | |
| 5.3 STREET ADDRESS | 51 West 52 St. | |
| 5.4 CITY-ST-ZIP | New York, NY 10019 | |
| 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

M P Messinger

Martin P. Messinger 7/24/96 212-975-5787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

PHONE NUMBER

CR2E034 (3/96)