

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 # F95000003494 (0)

1. Corporation Name

LOUIS DREYFUS PROPERTY MANAGEMENT CORP.

Principal Place of Business

10 WESTPORT RD.
WILTON CT 06897-0810

Mailing Address

P.O. BOX 810
WILTON CT 06897-0810



3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

24

25

Country

29

Zip

30

Country

4. FEI Number

06-1385138

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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

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	DC	<input type="checkbox"/> DELETE
NAME	LOUIS-DREYFUS, GERALD	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-0090	
TITLE	P	<input type="checkbox"/> DELETE
NAME	SUSSMAN, JEFFREY I	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-0090	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEINER, ERNEST F	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-0090	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BARIBEAU, ROLLAND	
STREET ADDRESS	405 LEXINGTON AVE.	
CITY-ST-ZIP	NEW YORK NY 10174-0090	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GILMAN, JEFFREY R	
STREET ADDRESS	10 WESTPORT RD.	
CITY-ST-ZIP	WILTON CT 06897-0810	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEPHERD, DAVID B	
STREET ADDRESS	24 RICHMOND HILL AVE.	
CITY-ST-ZIP	STAMFORD CT 06904	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Louis-Dreyfus, Gerard
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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

Vice President

4/20/96

(203) 761-2000

Daytime Phone #

CR2E034 (12/95)

LOUIS DREYFUS PROPERTY MANAGEMENT CORP
222 SW COLUMBIA
PORTLAND, OR 97201

4/3/96

DIRECTORS

LOUIS DREYFUS PROPERTY GROUP AS MANAGEMENT

OFFICERS

BUSINESS ADDRESS

WILLIAM LOUIS-DREYFUS	CHAIRMAN	405 LEXINGTON AVE, NEW YORK, NY 10174
JEFFREY I. SUSSMAN	PRESIDENT	405 LEXINGTON AVE, NEW YORK, NY 10174
ERNEST F. STEINER	EXEC VP	405 LEXINGTON AVE, NEW YORK, NY 10174
ROLLAND BARIBEAU	EXEC VP	405 LEXINGTON AVE, NEW YORK, NY 10174
JEFFREY R. GILMAN	VICE PRES	10 WESTPORT RD, WILTON, CT 06897-0810
DAVID B. SHEPHARD	VICE PRES	24 RICHMOND HILL AVE, STAMFORD, CT 06904
HAL WOLKIN	VICE PRES	10 WESTPORT RD, WILTON, CT 06897-0810
JEROME F. DUBROWSKI	TREASURER	10 WESTPORT RD, WILTON, CT 06897-0810
CAROL R. ARONOFF	SECRETARY	10 WESTPORT RD, WILTON, CT 06897-0810
THOMAS SCHEUER	ASST SECR	10 WESTPORT RD, WILTON, CT 06897-0810
JOHN J. HOGAN, JR.	ASST SECR	10 WESTPORT RD, WILTON, CT 06897-0810