

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
May 14 1996 8:00 am  
Secretary of State

DOCUMENT # F95000003497 (3)

1. Corporation Name

TAYLOR SIMPSON GENERAL PARTNER INC.



Principal Place of Business

Mailing Address

C/O THE TAYLOR SIMPSON GROUP  
1 ROCKEFELLER PLAZA, 24TH FLOOR  
NEW YORK NY 10020

C/O THE TAYLOR SIMPSON GROUP  
1 ROCKEFELLER PLAZA, 24TH FLOOR  
NEW YORK NY 10020

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified

07/20/1995

3a. Date of Last Report

4. FEI Number

13-3841020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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 the filer (applicable)

(If filer is Registered Agent, signature required when agent is not filer)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	TAYLOR, PAUL E III	
STREET ADDRESS	1 ROCKEFELLER PLAZA, #24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MITCHELL, MARGUERITE T	
STREET ADDRESS	1 ROCKEFELLER PLAZA, #24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	SIMPSON, KENNETH H JR	
STREET ADDRESS	1 ROCKEFELLER PLAZA, #24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SAMBUCO, JOSEPH S	
STREET ADDRESS	1 ROCKEFELLER PLAZA, #24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
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 to this address.

SIGNATURE:

*Kenneth H. Simpson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth H. Simpson 5/9/96 (212) 632-6700  
DATE

CR2E034 (12/95)