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Jan 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003497 (3)

1. Corporation Name
TAYLOR SIMPSON GENERAL PARTNER INC.

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

Mailing Address
C/O THE TAYLOR SIMPSON GROUP
1 ROCKEFELLER PLAZA, 24TH FLOOR
NEW YORK NY 10020-2102



3. Date Incorporated or Qualified
07/20/1995

3a. Date of Last Report
05/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 23rd Floor

26 Suite, Apt. #, etc.
27 23rd Floor

23 City & State
24 Zip
25 Country

28 City & State
29 Zip
30 Country

4. FEI Number
13-3841020

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
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 also file, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 checked="" 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		

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jeffrey B. Feldman	
1.3 STREET ADDRESS	One Rockefeller Plaza	
1.4 CITY - ST - ZIP	New York, NY 10020	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: Kenneth H. Simpson 1/8/97 (212) 632-6900

CR2E034 (9/96)