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PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90091 017 \*\*\*150.00

**DOCUMENT # F95000004262**

1. Corporation Name

REFG INVESTORS THREE, INC.

Principal Place of Business

C/O DLJ INC  
277 PARK AVE. 35TH FL  
NEW YORK NY 10172  
US

Mailing Address

C/O DLJ INC  
277 PARK AVE. 35TH FL  
NEW YORK NY 10172  
US

2. Principal Place of Business

2a. Mailing Address

21 c/o DLJ, Inc. Attn:Corp Tax 26 c/o DLJ, Inc. Attn:Corp Tax  
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 277 Park Ave.

27 277 Park Ave.

City & State

City & State

23 New York, N.Y.

28 New York, N.Y.

Zip Country

Zip Country

24 10172 25 USA

29 10172 30 USA

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME DP  
STREET ADDRESS MACKINNON, DONALD J  
CITY-ST-ZIP 277 PARK AVENUE  
NEW YORK NY 10172

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS GARRETT, CHARLES L  
CITY-ST-ZIP 277 PARK AVENUE  
NEW YORK NY 10172

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME DV  
STREET ADDRESS LARocca, N. DANTE  
CITY-ST-ZIP 277 PARK AVENUE  
NEW YORK NY 10172

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS WHITE, MARJORIE S  
CITY-ST-ZIP 277 PARK AVENUE  
NEW YORK NY 10172

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME T  
STREET ADDRESS COMPETIELLO, MARK A  
CITY-ST-ZIP 277 PARK AVENUE  
NEW YORK NY 10172

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 21, 1999 212-892-4939

Date

Daytime Phone #

CR2E034 (11/98)