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FILED

Feb 13 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 # F95000004264 (6)

1. Corporation Name  
REFG INVESTOR FOUR, INC.



Principal Place of Business  
C/O DLJ INC  
277 PARK AVENUE  
NEW YORK NY 10005  
US

Mailing Address  
C/O DLJ INC  
277 PARK AVENUE 21ST FLOOR  
NEW YORK NY 10172-0003  
US

3. Date Incorporated or Qualified  
09/01/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

13-3847759

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

23 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

24 Zip

Country

29 Zip

Country

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 DCP  
NAME ROITER, JAMES W  
STREET ADDRESS 277 PARK AVE  
CITY-ST-ZIP NEW YORK NY  
☒ DELETE

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

TITLE DV  
NAME MACKINNON, DONALD J  
STREET ADDRESS 277 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY  
☒ DELETE

2.1 TITLE President  
2.2 NAME MacKinnon, Donald J  
2.3 STREET ADDRESS 277 Park Ave  
2.4 CITY-ST-ZIP New York NY  
☒ Change ☐ Addition

TITLE D  
NAME GARRETT, CHARLES L  
STREET ADDRESS 277 PARK AVE  
CITY-ST-ZIP NEW YORK NY  
☒ DELETE

3.1 TITLE Vice President  
3.2 NAME Garrett, Charles L  
3.3 STREET ADDRESS 277 Park Ave  
3.4 CITY-ST-ZIP New York NY  
☒ Change ☐ Addition

TITLE D  
NAME LAROCCA, N. DANTE  
STREET ADDRESS 277 PARK AVE  
CITY-ST-ZIP NEW YORK NY  
☐ DELETE

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

TITLE S  
NAME SIEGLER, THOMAS E  
STREET ADDRESS 277 PARK AVE  
CITY-ST-ZIP NEW YORK NY  
☐ DELETE

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

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

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

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, officer or 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, change of, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Competiello

Date 1/24/97

Daytime Phone # (212) 892-4939

CR2E034 (9/96)