

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # F95000004265 (3)

1. Corporation Name
REFG INVESTOR ONE, INC..



Principal Place of Business
C/O DLJ INC
277 PARK AVENUE 21ST FLOOR
NEW YORK NY 10172
US

Mailing Address
C/O DLJ INC
277 PARK AVENUE
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

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

9. Name and Address of Current Registered Agent

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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

13-3810633

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

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

TITLE	DCP	<input checked="" type="checkbox"/> DELETE
NAME	ROITER, JAMES W	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	LAROCCA, N. DANTE	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	MACKINNON, DONALD J	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARRETT, CHARLES L	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SIEGLER, THOMAS E	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	COMPETIELLO, MARK	
STREET ADDRESS	277 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President
2.3 STREET ADDRESS	LAROCCA, N DANTE
2.4 CITY-ST-ZIP	277 PARK AVENUE NEW YORK, NY
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	President
3.3 STREET ADDRESS	MACKINNON, DONALD J
3.4 CITY-ST-ZIP	277 PARK AVENUE NEW YORK, NY
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:

Mark A. Competiello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark A. Competiello 1/16/97 (212)892-4939

Date

Daytime Phone #

000627

CR2E034 (9/96)