

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o DLJ, Inc. Suite, Apt. #, etc. 22 277 Park Ave., 35th Fl. City & State 23 Zip 24 Country		2a. Mailing Address 26 c/o DLJ, Inc. Suite, Apt. #, etc. 27 277 Park Ave., 35th Fl. City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 09/01/1995 4. FEI Number 13-3810633 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	VP	NAME	LARocca, N. DANTE	1.1 TITLE	V/D	1.1 NAME	N. Dante LaRocca
STREET ADDRESS	277 PARK AVENUE	CITY-ST-ZIP	NEW YORK NY	1.2 STREET ADDRESS	277 Park Avenue	1.2 CITY-ST-ZIP	New York, NY 10172
TITLE	P	NAME	MACKINNON, DONALD J	2.1 TITLE	P/C	2.1 NAME	Donald J. MacKinnon
STREET ADDRESS	277 PARK AVENUE	CITY-ST-ZIP	NEW YORK NY	2.2 STREET ADDRESS	277 Park Avenue	2.2 CITY-ST-ZIP	New York, NY 10172
TITLE	V	NAME	GARRETT, CHARLES L	3.1 TITLE	V/D	3.1 NAME	Charles L. Garrett
STREET ADDRESS	277 PARK AVENUE	CITY-ST-ZIP	NEW YORK NY	3.2 STREET ADDRESS	277 Park Avenue	3.2 CITY-ST-ZIP	New York, NY 10172
TITLE	S	NAME	SIEGLER, THOMAS E	4.1 TITLE	S	4.1 NAME	Marjorie S. White
STREET ADDRESS	277 PARK AVENUE	CITY-ST-ZIP	NEW YORK NY	4.2 STREET ADDRESS	277 Park Avenue	4.2 CITY-ST-ZIP	New York, NY 10172
TITLE	T	NAME	COMPETIELLO, MARK	5.1 TITLE	TX/M	5.1 NAME	Mark A. Competiello
STREET ADDRESS	277 PARK AVENUE	CITY-ST-ZIP	NEW YORK NY	5.2 STREET ADDRESS	277 Park Avenue	5.2 CITY-ST-ZIP	New York, NY 10172
TITLE		NAME		6.1 TITLE		6.1 NAME	
STREET ADDRESS		CITY-ST-ZIP		6.2 STREET ADDRESS		6.2 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 of this report, or on an attachment with an address.

SIGNATURE:  Mark A. Competiello
Tax Manager FEB 17 1998 212-892-4939

CR2E034 (10/97)