FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **F95000004553 (2)**

1. Corporation Name

LEE HECHT HARRISON, INC.

Principal Place of Business
200 PARK AVENUE, SUITE ~~4422~~ 2600
NEW YORK NY 10166

Mailing Address
~~200 PARK AVENUE, SUITE 4422~~ 2600
~~NEW YORK NY 10166~~
50 TICE BLVD.
WOODCLIFF LAKE, NJ
07675

3. Date Incorporated or Qualified: 09/19/1995

3a. Date of Last Report: N/A

4. FEI Number: 13-2807507 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
26 50 TICE BLVD.
Suite, Apt. #, etc. 27
City & State 28 WOODCLIFF LAKE, NJ
Zip 29 07675 Country 30 USA

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

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	BOWMER, JOHN P	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	CFO	☐ DELETE
NAME	PFISTER, PETER A	
STREET ADDRESS	100 REDWOOD SHORES PARKWAY	
CITY-ST-ZIP	REDWOOD CITY CA 94065	
TITLE	PD	☐ DELETE
NAME	HARRISON, STEPHEN G	
STREET ADDRESS	200 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	COO	☐ DELETE
NAME	MARR, DOUGLAS H	
STREET ADDRESS	200 PARK AVE.	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	V	☐ DELETE
NAME	SHAW, PENELOPE J	
STREET ADDRESS	100 S. WACKER DR. #1900	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	V	☐ DELETE
NAME	ALCIDE, PETER E	
STREET ADDRESS	50 TICE BLVD.	
CITY-ST-ZIP	WOODCLIFF LAKE NJ 07675	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(201)782-3616
Daytime Phone #

CR2E034 (12/95)