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 # **F95000005020 (1)**

1. Corporation Name

NEUVILLE COMPANY INC.

Principal Place of Business	Mailing Address
888 7TH AVE #2800 NEW YORK NY 10106	888 7TH AVE #2800 NEW YORK NY 10106

3. Date Incorporated or Qualified: **10/16/1995**
3a. Date of Last Report:

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

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: **98-0050926** ☐ 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

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
Signature, typed or printed name of registered agent and date (N.B. Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCP	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MATTHEWS, DAVID		1.2 NAME		
STREET ADDRESS	C/O NATIONAL MUTUAL LIFE, 447 COLLINS ST		1.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, AUSTRALIA		1.4 CITY-ST-ZIP		
TITLE	DVS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CROUCH, B. CLAIRE		2.2 NAME		
STREET ADDRESS	888 7TH AVE #2800		2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10106		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	LIEBMANN, JEFF S ESQ		3.2 NAME		
STREET ADDRESS	C/O DEWEY BALLANTINE, 1301 AVE OF THE AMER		3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10019		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	KRONHEIM, STEVEN R		4.2 NAME		
STREET ADDRESS	C/O ALLIED SIGNAL INC, 101 COLUMBIA RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	MORRISTOWN NJ 07962-1057		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ARNOLD, ROBERT K		5.2 NAME		
STREET ADDRESS	C/O NATIONAL MUTUAL LIFE, 447 COLLINS ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	MELBOURNE, VICTORIA 3001		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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 added by attachment with an address.

SIGNATURE: B. Olaire Crouch 5/1/96 212-333-9520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #