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pg 1

• PROFIT CORPORATION ANNUAL REPORT 1997

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



FILED

97 AUG 26 PM 3: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F950000005020

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
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 DVS
NAME CROUCH, B. CLAIRE
STREET ADDRESS 888 7TH AVE #2800
CITY-ST-ZIP NEW YORK, NY 10106

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
000002278000-1
-08/27/97-01014-004
****165.00 ****165.00

TITLE D
NAME LIEBMANN, JEFF S. ESQ.
STREET ADDRESS C/O DEWEY BALLANTINE, 1301 6th AVE
CITY-ST-ZIP NEW YORK, NY 10019

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME KRONHEIM, STEVEN R.
STREET ADDRESS C/O ALLIEDSIGNAL INC. 101 COLUMBIA ROAD
CITY-ST-ZIP MORRISTOWN NJ 07962-1057

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME ARNOLD, ROBERT K
STREET ADDRESS C/O NATIONAL MUTUAL, 447 COLLINS ST
CITY-ST-ZIP MELBOURNE, VICTORIA 3001

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
SUMMERS, TONY
C/O NATIONAL MUTUAL LIFE, 447 COLLINS ST.
MELBOURNE, VICTORIA 3001

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/97

212 - 333-7520

Date

Daytime Phone #

CR2E034 (9/96)