

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90056 020 ***150.00

DOCUMENT # F96000001735

1. Corporation Name
LEX GP-1, INC.

Principal Place of Business
355 LEXINGTON AVE., 14TH FLOOR
NEW YORK NY 10017

Mailing Address
355 LEXINGTON AVE., 14TH FLOOR
NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1996

4. FEI Number

13-3797734

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

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

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	ROSKIND, E R	
STREET ADDRESS	355 LEXINGTON AVE., 14TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	ROUSE, RICHARD J	
STREET ADDRESS	355 LEXINGTON AVE., 14TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	EGLIN, T W	
STREET ADDRESS	355 LEXINGTON AVE., 14TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TRIGIANI, ANTONIA G	
STREET ADDRESS	355 LEXINGTON AVE., 14TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAGEN, STEPHEN C.	
STREET ADDRESS	355 LEXINGTON AVE 14TH FL	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP
4.3 STREET ADDRESS	Patrick Carroll
4.4 CITY-ST-ZIP	355 Lexington Ave., 14th Floor New York, NY 10017
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 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, with all other like empowered.

SIGNATURE: By: *Patrick Carroll* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/99 (212)692-7200

CR2E034 (11/98)