

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

DOCUMENT # F96000005883

1. Corporation Name

CPI-COUNTRYSIDE CORPORATION

Principal Place of Business

THREE DAG HAMMARSKJOLD PLAZA
305 EAST 47TH ST.
NEW YORK NY 10017

Mailing Address

THREE DAG HAMMARSKJOLD PLAZA
305 EAST 47TH ST.
NEW YORK NY 10017

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90023 047 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1996

4. FEI Number

59-3414562

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

2a. Mailing Address

21 P.O. Box 7066

26 P.O. Box 7066

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 TAX Dept.

27 TAX Dept.

City & State

City & State

23 Indianapolis, IN

28 Indianapolis, IN

Zip Country

Zip Country

24 46207

29 46207

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T 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 CCEO ☒ DELETE
NAME MAUTNER, HANS C
STREET ADDRESS 305 EAST 47TH STREET
CITY-ST-ZIP NEW YORK NY

1.1 TITLE CD ☒ Change ☐ Addition
1.2 NAME melvin Simon
1.3 STREET ADDRESS 115 W. Washington St.
1.4 CITY-ST-ZIP Indianapolis, IN 46204

TITLE T ☒ DELETE
NAME LOWENFISH, ROBERT
STREET ADDRESS 305 EAST 47TH STREET
CITY-ST-ZIP NEW YORK NY

2.1 TITLE CD ☒ Change ☐ Addition
2.2 NAME Herbert Simon
2.3 STREET ADDRESS 115 W. Washington St.
2.4 CITY-ST-ZIP Indianapolis, IN 46204

TITLE VS ☒ DELETE
NAME LYONS, WILLIAM J
STREET ADDRESS 305 EAST 47TH STREET
CITY-ST-ZIP NEW YORK NY

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME David Simon
3.3 STREET ADDRESS 115 W. Washington St.
3.4 CITY-ST-ZIP Indianapolis, IN 46204

TITLE SVP ☒ DELETE
NAME FELL, G M
STREET ADDRESS 305 EAST 47TH STREET
CITY-ST-ZIP NEW YORK NY

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME Richard S. Sokolov
4.3 STREET ADDRESS 115 W. Washington St.
4.4 CITY-ST-ZIP Indianapolis, IN 46204

TITLE PCOO ☒ DELETE
NAME TICOTIN, MARK S
STREET ADDRESS 305 EAST 47TH STREET
CITY-ST-ZIP NEW YORK NY

5.1 TITLE S ☒ Change ☐ Addition
5.2 NAME James m. Barkley
5.3 STREET ADDRESS 115 W. Washington St.
5.4 CITY-ST-ZIP Indianapolis, IN 46204

TITLE V ☒ DELETE
NAME ROLFE, HAROLD E
STREET ADDRESS 305 EAST 47TH STREET
CITY-ST-ZIP NEW YORK NY

6.1 TITLE T ☒ Change ☐ Addition
6.2 NAME Stephen E. Sterrett
6.3 STREET ADDRESS 115 W. Washington St.
6.4 CITY-ST-ZIP Indianapolis, IN 46204

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: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-8-99

317636-1600

CR2E034 (11/98)