

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

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*** PROFIT
CORPORATION
ANNUAL REPORT
1999**



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

FILED
Apr 15, 1999 8:00 am
Secretary of State

04-15-1999 90045 026 ***150.00

DOCUMENT # F97000000498

1. Corporation Name
AP-GP HOYA, INC.

Principal Place of Business
**2 MANHATTANVILLE RD
PURCHASE NY 10577**

Mailing Address
**2 MANHATTANVILLE RD
PURCHASE NY 10577**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/29/1997

4. FEI Number

51-0375500

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

24 ☐ 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 ☐ 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 | DP | <input type="checkbox"/> DELETE |
| NAME | HANNAN, JOHN J | |
| STREET ADDRESS | 2 MANHATTANVILLE RD | |
| CITY-ST-ZIP | PURCHASE NY 10577 | |
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | WEINER, MICHAEL D | |
| STREET ADDRESS | 2 MANHATTANVILLE RD | |
| CITY-ST-ZIP | PURCHASE NY 10577 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | BENJAMIN, WILLIAM S | |
| STREET ADDRESS | 2 MANHATTANVILLE RD | |
| CITY-ST-ZIP | PURCHASE NY 10577 | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | KOENIG, STUART | |
| STREET ADDRESS | 2 MANHATTANVILLE RD | |
| CITY-ST-ZIP | PURCHASE NY 10577 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------------|--|
| 1.1 TITLE | Vice President/Secretary | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Lee Neibart | |
| 1.3 STREET ADDRESS | 1301 Avenue of the Americas | |
| 1.4 CITY-ST-ZIP | New York, New York 10019 | |
| 2.1 TITLE | Vice President/Controller | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | Ronald J. Solotruk | |
| 2.3 STREET ADDRESS | 2 Manhattanville Road | |
| 2.4 CITY-ST-ZIP | Purchase, New York 10577 | |
| 3.1 TITLE | Vice President/Assistant Controller | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Robert S. Bodey | |
| 3.3 STREET ADDRESS | 2 Manhattanville Road | |
| 3.4 CITY-ST-ZIP | Purchase, New York 10577 | |
| 4.1 TITLE | Vice President | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | Michelle M. Hsu | |
| 4.3 STREET ADDRESS | 1999 Avenue of the Stars, Suite 1900 | |
| 4.4 CITY-ST-ZIP | Los Angeles, California 90067 | |
| 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:

Robert S. Bodey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-99

914-694-8000

Daytime Phone #

CR2E034 (11/98)