

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

FILED

Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000662 (3)

1. Corporation Name
ELF DEVELOPMENT, INC.

Principal Place of Business

%ELF AQUITAINE, INC.
280 PARK AVE (36 FLR)
NY NY 10017

Mailing Address

%ELF AQUITAINE, INC.
280 PARK AVE (36 FLR)
NY NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/07/1997

4. FEI Number

76-0303621

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

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, type for print of name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DCP
NAME PARET, DOMINIQUE
STREET ADDRESS %ELF AQUITAINE, INC., 280 PARK AVE, 36 FLR
CITY-ST-ZIP NY NY 10017 ☐ DELETE

TITLE DV
NAME CHAPELET, GILBERT
STREET ADDRESS ELF ANTAR FRANCE, CENTRE DE RECHERCHE ELF
CITY-ST-ZIP BP 77-69360 SOLAIZA, FRANCE ☐ DELETE

TITLE DV
NAME CLEMENT, GEORGES
STREET ADDRESS TOUR ELF PLACE DE LA COUPOLE CEDEX 45
CITY-ST-ZIP 92078 PARIS-LA-DEFENSE 6, FR ☐ DELETE

TITLE T
NAME BENSON, DAVID A
STREET ADDRESS %ELF AQUITAINE, INC., 280 PARK AVE 36 FLR
CITY-ST-ZIP NY NY 10017 ☐ DELETE

TITLE V
NAME HENNESSY, JOHN F II
STREET ADDRESS %ELF AQUITAINE, INC., 280 PARK AVE 36 FLR
CITY-ST-ZIP NY NY 10017 ☐ DELETE

TITLE S
NAME MCGUIRE, EUGENE
STREET ADDRESS %ELF AQUITAINE, INC., 280 PARK AVE 36 FLR
CITY-ST-ZIP NY NY 10017 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE:

 Vice Pres., Taxes

2/18/98 212-922-3000

Daytime Phone # 0004156

CR2E034 (10/97)