

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F97000005793 1. Corporation Name PTG FLATROCK, INC			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21 <i>do Credit Suisse First Boston</i>		October 29, 1997	
22 11 Madison Ave		4. FEI Number	
City & State		13-3972335	
23 New York, NY		Applied For	
Zip		Not Applicable	
24 10010		25 US	
26 11 Madison Ave		27 11 Madison Ave	
City & State		City & State	
28 New York, NY		29 New York, NY	
Zip		Zip	
30 10010		31 US	
Country		Country	
32 US		33 US	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Corporate Service Company 1201 Hays Street Tallahassee, Florida 32301		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	
		85 Zip Code	
		FL	
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	<input type="checkbox"/> DELETE	1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	Lawrence A. Shelley
STREET ADDRESS		1.3 STREET ADDRESS	11 Madison Ave
CITY - ST - ZIP		1.4 CITY - ST - ZIP	New York, NY 10010
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Richard Ortiz
STREET ADDRESS		2.3 STREET ADDRESS	11 Madison Ave
CITY - ST - ZIP		2.4 CITY - ST - ZIP	New York, NY 10010
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Lori M. Russo
STREET ADDRESS		3.3 STREET ADDRESS	11 Madison Ave
CITY - ST - ZIP		3.4 CITY - ST - ZIP	New York, NY 10010
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Diane Manno
STREET ADDRESS		4.3 STREET ADDRESS	11 Madison Ave
CITY - ST - ZIP		4.4 CITY - ST - ZIP	New York, NY 10010
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Dir. of Taxes <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Thomas A. DeGennaro
STREET ADDRESS		5.3 STREET ADDRESS	11 Madison Ave
CITY - ST - ZIP		5.4 CITY - ST - ZIP	New York, NY 10010
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	700002524547
STREET ADDRESS		6.3 STREET ADDRESS	-05/15/98--01005--039
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***158.75
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <i>Thomas A. DeGennaro</i>		4/30/98 (212) 325-1994	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (10/97)