

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

FILED  
Jan 29 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000006107 (3)**

1. Corporation Name  
**BATTIN CORP.**

Principal Place of Business <b>% NEWKIRK MANAGEMENT CO., L.P. 500 W. PUTNAM AVE GREENWICH CT 06830</b>	Mailing Address <b>% NEWKIRK MANAGEMENT CO., L.P. 500 W. PUTNAM AVE GREENWICH CT 06830</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/18/1997</b>	
4. FEI Number <b>22-3096485</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>c/o The Newkirk Group</b> Suite, Apt. #, etc. 22 <b>100 Jericho Quad Ste 214</b> City & State 23 <b>Jericho, NY</b> Zip 24 <b>11753</b>		2a. Mailing Address 26 <b>Same as Principal</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 <b>US</b>	
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9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD ZISES, JAY 500 W. PUTNAM AVE GREENWICH CT 06830</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SEE ATTACHED SHEET</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD ADER, RICHARD 500 W. PUTNAM AVE GREENWICH CT 06830</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD COHEN, PHILIP 500 W. PUTNAM AVE GREENWICH CT 06830</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD PASHCOW, JOEL 500 W. PUTNAM AVE GREENWICH CT 06830</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VASD SILVERS, DAVID 500 W. PUTNAM AVE GREENWICH CT 06830</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHAZANOFF, JAY 500 W. PUTNAM AVE GREENWICH CT 06830</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: \_\_\_\_\_ SIGNATURE REQUIRED Peter Braverman

1/22/98 (516) 681-3636

CR2E034 (10/97)

**BATTIN CORP.**

OFFICERS:

PRESIDENT & CHIEF EXECUTIVE OFFICER  
VICE PRESIDENT/ASSISTANT SECRETARY  
VICE PRESIDENT  
VICE PRESIDENT  
SECRETARY/TREASURER

MICHAEL ASHNER  
PETER BRAVERMAN  
CAROLYN TIFFANY  
STEPHEN BONIFIELD  
LARA SWEENEY JOHNSON

[illegible]

DIRECTORS:

Michael Ashner  
c/o The Newkirk Group  
100 Jericho Quadrangle  
Suite 214  
Jericho, NY 11753