

FILE NOW: FILING FEE AFTER MAY 15 IS \$550.00

**FILED**  
**May 19, 1999 8:00 am**  
**Secretary of State**

05-19-1999 90030 003 \*\*\*450.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** *F9800003174*  
 1. Corporation Name

**PAMI-FL9 Inc.**

Principal Place of Business      Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/04/98**

2. Principal Place of Business  
**21 3 World Financial Center**

4. FEI Number  
**22-3635563**

2a. Mailing Address  
**26 101 Hudson Street**

5. Certificate of Status Desired  \$8.75 Additional Fee Required

Suite, Apt. #, etc.  
**22 39th Floor**

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

City & State  
**23 New York, NY**

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

Zip      Country  
**24 10285      28 US**

City & State  
**27 Jersey City, NJ**

Zip      Country  
**29 07302      30 US**

9. Name and Address of Current Registered Agent  
**The Prentice-Hall Corporation System  
 1201 Hays Street  
 Suite 105  
 Tallahassee, FL 32301**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 807.0502 and 807.1508, 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 807.0505, Florida Statutes.

SIGNATURE: *[Signature]* **DAVID W. NICKELSEN**      6/17/99  
 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	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Yon K. Cho</b>	1.2 NAME	
STREET ADDRESS	<b>3 World Financial Center</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>New York, NY 10285</b>	1.4 CITY - ST - ZIP	
TITLE	<b>V</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Barry J. O'Brien</b>	2.2 NAME	
STREET ADDRESS	<b>101 Hudson Street</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>Jersey City, NJ 07302</b>	2.4 CITY - ST - ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Jennifer Marre</b>	3.2 NAME	
STREET ADDRESS	<b>3 World Financial Center</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>New York, NY 10285</b>	3.4 CITY - ST - ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Daniel O. Minerva</b>	4.2 NAME	
STREET ADDRESS	<b>3 World Financial Center</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>New York, NY 10285</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Joseph J. Flannery</b>	5.2 NAME	
STREET ADDRESS	<b>3 World Financial Center</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>New York, NY 10285</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Edward J. Meylor</b>	6.2 NAME	
STREET ADDRESS	<b>3 World Financial Center</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>New York, NY 10285</b>	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)(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 807, 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: *[Signature]* **Vice President BARRY J. O'BRIEN** 04/22/99 (201) 524-5822  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (President)      Date      Daytime Phone #

CR2E034 (1/199)