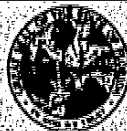


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:37

DOCUMENT # G36023

(1)

1. Corporation Name

CLIPPER CONSULTING CORPORATION

Principal Place of Business

Mailing Address

1551 SOUTH OCEAN LANE
STE. 173
FT. LAUDERDALE FL 33316

610 FIFTH AVENUE, STE. 420
NEW YORK NY 10020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1983

3a. Date of Last Report

09/14/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-1517752

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

23 Zip

Country

28 Zip

Country

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD, #250
PLANTATION FL 33324-4459

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DPO
NAME GOODRICH, JOHN K
STREET ADDRESS 610 5TH AVE., STE. 420
CITY-ST-ZIP NEW YORK NY 10020

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Secretary ☐ Change ☒ Addition
J. Anne Kane
610 Fifth Ave., Suite 420
New York, NY 10020

TITLE D
NAME GRADY, HENRY W
STREET ADDRESS 610 5TH AVE., STE. 420
CITY-ST-ZIP NEW YORK NY 10020

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CHATZINOFF, ELI G
STREET ADDRESS 122 E. 42ND ST., STE. 800
CITY-ST-ZIP NEW YORK NY 10168

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME CADY, JOHN L
STREET ADDRESS 48 SUMMIT AVE.
CITY-ST-ZIP BRONXVILLE NY 10708

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME RODRIQUEZ, CHARLES J
STREET ADDRESS 45 BROADWAY, 27TH FLOOR
CITY-ST-ZIP NEW YORK NY 10006

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE C
NAME SUAZO, MILINDA M
STREET ADDRESS 610 FIFTH AVE., STE. 420
CITY-ST-ZIP NEW YORK NY 10020

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Controller ☒ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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:

Milinda M. Suazo, Milinda M. Suazo

4/6/95 (212) 307-1778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone #