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

Mailing Address
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 — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 58-1517752 ☐ 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

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

9. Name and Address of Current Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPC	1.1 TITLE	Secretary	☐ Change ☑ Addition
NAME	GOODRICH, JOHN K	1.2 NAME	J. Anne Kane	
STREET ADDRESS	610 5TH AVE., STE. 420	1.3 STREET ADDRESS	610 Fifth Ave., Suite 420	
CITY-ST-ZIP	NEW YORK NY 10020	1.4 CITY-ST-ZIP	New York, NY 10020	
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	GRADY, HENRY W	2.2 NAME		
STREET ADDRESS	610 5TH AVE., STE.420	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10020	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	CHATZINOFF, ELI G	3.2 NAME		
STREET ADDRESS	122 E. 42ND ST., STE. 800	3.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10168	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	CADY, JOHN L	4.2 NAME		
STREET ADDRESS	46 SUMMIT AVE.	4.3 STREET ADDRESS		
CITY-ST-ZIP	BRONXVILLE NY 10708	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	RODRIQUEZ, CHARLES J	5.2 NAME		
STREET ADDRESS	45 BROADWAY, 27TH FLOOR	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10006	5.4 CITY-ST-ZIP		
TITLE	C	6.1 TITLE	Controller	☑ Change ☐ Addition
NAME	SUAZO, MILINDA M	6.2 NAME		
STREET ADDRESS	610 FIFTH AVE., STE. 420	6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10020	6.4 CITY-ST-ZIP		

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 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: Milinda M. Suazo Milinda M. Suazo 4/6/95 (212) 307-1778
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0390111 FP