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Apr 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

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 10020-2403**

3. Date Incorporated or Qualified 04/27/1983	3a. Date of Last Report 05/01/1996
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Box 310 27 Suite, Apt. #, etc. 28 City & State 29 Roxbury, CT 30 Zip 06793-0310 31 Country
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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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	DPC
NAME	GOODRICH, JOHN K	1.2 NAME	Goodrich, John K.
STREET ADDRESS	610 5TH AVE., STE. 420	1.3 STREET ADDRESS	One Rockefeller Plaza, Suite 2420
CITY-ST-ZIP	NEW YORK NY 10020	1.4 CITY-ST-ZIP	New York, New York 10020
TITLE	D	2.1 TITLE	Director
NAME	GRADY, HENRY W	2.2 NAME	Grady, Henry W.
STREET ADDRESS	610 5TH AVE., STE. 420	2.3 STREET ADDRESS	One Rockefeller Plaza, Suite 2420
CITY-ST-ZIP	NEW YORK NY 10020	2.4 CITY-ST-ZIP	New York, New York 10020
TITLE	D	3.1 TITLE	Director
NAME	CHATZINOFF, ELI G	3.2 NAME	Chatzinoff, Eli G.
STREET ADDRESS	420 LEXINGTON AVE., SUITE 335	3.3 STREET ADDRESS	420 Lexington Ave., Suite 335
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	New York, NY 10170
TITLE	D	4.1 TITLE	Secretary
NAME	CADY, JOHN L	4.2 NAME	JoAnne Kane
STREET ADDRESS	48 SUMMIT AVE.	4.3 STREET ADDRESS	One Rockefeller Plaza, Suite 2420
CITY-ST-ZIP	BRONXVILLE NY 10708	4.4 CITY-ST-ZIP	New York, NY 10020
TITLE	D	5.1 TITLE	Director
NAME	RODRIGUEZ, CHARLES J	5.2 NAME	Rodriguez, Charles J
STREET ADDRESS	45 BROADWAY, 27TH FLOOR	5.3 STREET ADDRESS	1345 Avenue of the Americas
CITY-ST-ZIP	NEW YORK NY 10008	5.4 CITY-ST-ZIP	New York, NY 10145-4300
TITLE	C	6.1 TITLE	Treasurer
NAME	SUAZO, MILINDA M	6.2 NAME	Suazo, Milinda M
STREET ADDRESS	610 FIFTH AVE., STE. 420	6.3 STREET ADDRESS	One Rockefeller Plaza, Suite 2420
CITY-ST-ZIP	NEW YORK NY 10020	6.4 CITY-ST-ZIP	New York, NY 10020

14. I do 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: Milinda M. Suazo M. Suazo 3/24/97 (212) 218-4922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)