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 FEB -7 PM 3:10

DOCUMENT # K05904 (3)

1. Corporation Name
HAMLET HOLDINGS, INC.

Principal Place of Business	Mailing Address
%THE BANK OF NEW YORK ONE WALL ST. NEW YORK NY 10005	48 WALL STR 17 FLOOR NEW YORK NY 10286 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/08/1987
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): 16th Floor; City & State (28): Zip (29): Country (30):

4. FEI Number: 13-3442135 ☐ 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

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
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: 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIETZ, HAROLD F ONE WALL ST. NEW YORK NY	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROGAN, BRIAN G ONE WALL ST. NEW YORK NY	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☒ Change ☐ Addition Silfich, Nicholas C.
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SARG, FREBERICK L ONE WALL ST. NEW YORK NY	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☒ Change ☐ Addition Sarg, F. Lawrence
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAPHAM, STEVEN P. ONE WALL ST NEW YORK NY	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SCRAGG, WILLIAM M. ONE WALL ST NEW YORK NY	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEARY, JOSEPH F 48 WALL STR 17 FLOOR NEW YORK NY	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☒ Change ☐ Addition 48 Wall Street - 16th Floor

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: Joseph F. Leary V.P. 1/30/95 212 495-1081
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL FILING AS OFFICER OR DIRECTOR — Joseph F. Leary — Date — Telephone Number

0309583 FP