

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **L14303**

(6)

1. Corporation Name

MARK ROSS & CO., INC.

Principal Place of Business

**400 PARK AVENUE
18TH FLOOR
NEW YORK NY 10022
US**

Mailing Address

**400 PARK AVENUE
18TH FLOOR
NEW YORK NY 10022
US**

Do Not Write in This Space

3. Date first organized or qualified 09/06/1989	3a. Date of Last Report 01/27/1994
4. FIC Number 65-0141560	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 franchise fee under Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt. # etc.	26. State Apt. # etc.
22. City & State	27. City & State
23. ZIP	28. ZIP
24. FIC Number	25. FIC Number
29. FIC Number	30. FIC Number

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. State	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.05(2) 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 this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.05(2) Florida Statutes.

SIGNATURE

Signature of Agent or Director (If Registered Agent, Print Name and Title)

Signature of New Registered Agent (If Registered Agent, Print Name and Title)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	VTSD BAKER, BRADLEY 400 PARK AVENUE NEW YORK NY	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME	VD HILL, PHILIP S., III 400 PARK AVENUE NEW YORK NY	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME	DPC ROSS, MARK E. 400 PARK AVENUE NEW YORK NY	NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	☐ Change ☐ Addition
STREET ADDRESS		STREET ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 607.05(2), Florida Statutes. I further certify that the information is also filed with this annual report or supplemental annual report, as 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, as the case may be, on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARK E. ROSS

APR 27 1995

212-355-6566