

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

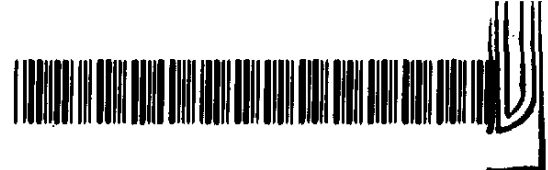
FILED
Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P00670 (0)
1. Corporation Name
RCG INFORMATION TECHNOLOGY, INC.



Principal Place of Business: 1480 BROADWAY 5TH FLOOR NEW YORK NY 10036
Mailing Address: 1480 BROADWAY 5TH FLOOR NEW YORK NY 10036-7384

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 METROPARK		26 METROPARK		01/20/1984		02/02/1996	
22 379 THORNALL ST 14FL		27 379 THORNALL ST 14FL		4. FEI Number		Applied For	
23 EDISON NJ		28 EDISON NJ		22-2032892		Not Applicable	
24 08837		25 USA		29 08837		30 USA	
5. Certificate of Status Desired				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
<input type="checkbox"/>				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
6. Election Campaign Financing Trust Fund Contribution				9. Name and Address of Current Registered Agent			
<input type="checkbox"/>				10. Name and Address of New Registered Agent			
\$8.75 Additional Fee Required				81 Name			
\$5.00 May Be Added to Fees				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

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	D SCHRIEVER, FRED <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3 PUMPKIN HILL WESTPORT CT	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD SHEERIN, RAYMOND <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	161 W. 15TH ST. NEW YORK, NY.	2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TD SHEERIN, BARBARA <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	161 W. 15TH ST. NEW YORK, NY.	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LUCAS, JOSEPH <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	364 CONCORD DR. MAYWOOD, NJ.	4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	P BUTTACAVOLI, ROBERT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	18 AMBERWINDS COURT LAKEWOOD NJ	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 its 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 in an attachment with an address.

SIGNATURE: *Joseph P. Lucas* JOSEPH P. LUCAS SVR 8/5/97 1-800-353-7816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)