

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

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**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P05707 (5)

1. Corporation Name
AUTRANET, INC.



Principal Place of Business C/O DLJ INC 277 PARK AVENUE 21ST FLOOR NEW YORK NY 10172 US	Mailing Address C/O DLJ INC 277 PARK AVENUE 21ST FLOOR NEW YORK NY 10172-0003 US
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3. Date Incorporated or Qualified 04/18/1985	3a. Date of Last Report 05/01/1986
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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
Country 25	Zip 29
Country 25	Country 30

4. FEI Number 13-2961507	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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
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	
TITLE	DC <input type="checkbox"/> DELETE
NAME	DEWEY, ROBERT M
STREET ADDRESS	1 PERSHING PLAZA
CITY - ST - ZIP	JERSEY CITY NJ
TITLE	PTD <input type="checkbox"/> DELETE
NAME	FONTANA, VICTOR J.
STREET ADDRESS	1 PERSHING PLAZA
CITY - ST - ZIP	JERSEY CITY NJ
TITLE	SD <input type="checkbox"/> DELETE
NAME	BOYD, MICHAEL A.
STREET ADDRESS	277 PARK AVENUE
CITY - ST - ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	PUGLISI, LARRY
STREET ADDRESS	1 PERSHING PLAZA
CITY - ST - ZIP	JERSEY CITY NJ
TITLE	SVP <input type="checkbox"/> DELETE
NAME	FORTE, LUGENE
STREET ADDRESS	1 PERSHING PLAZA
CITY - ST - ZIP	JERSEY CITY NJ
TITLE	AS <input type="checkbox"/> DELETE
NAME	SIEGLER, THOMAS E.
STREET ADDRESS	277 PARK AVENUE
CITY - ST - ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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.

Thomas E. Siegler

SIGNATURE _____ Assistant Secretary 1/16/97 (212) 89244939

CF2E034 (9/96)