

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

FILED
Feb 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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	Mailing Address
C/O DLJ INC 35 ^m 277 PARK AVENUE 24 ST FLOOR NEW YORK NY 10172 US	C/O DLJ INC 35 ^m 277 PARK AVENUE 24 ST FLOOR NEW YORK NY 10172 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 c/o DLJ, Inc.	26 c/o DLJ, Inc.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 277 Park Ave., 35 ^m Fl.	27 277 Park Ave., 35 ^m Fl.		
City & State	City & State		
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified
04/18/1985

4. FEI Number
13-2961507

Applied For	Not Applicable
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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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 FEI, 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 checked="" 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	Tax Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Mark A. Competiello	
1.3 STREET ADDRESS	277 Park Avenue	
1.4 CITY-ST-ZIP	New York, NY 10172	
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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Marjorie S. White	
6.3 STREET ADDRESS	277 Park Avenue	
6.4 CITY-ST-ZIP	New York, NY 10172	

14. I 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 in an addition thereto with an address.

SIGNATURE:  **Mark A. Competiello**
 Tax Manager 212-892-4939

CR2E034 (10/97)