

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P06809** (8)

1. Corporation Name

ARIOLA EURODISC, INC.

Principal Place of Business

**1540 BROADWAY
24TH FLOOR
NEW YORK NY 10036-4094
US**

Mailing Address

**1540 BROADWAY
24TH FLOOR
NEW YORK NY 10036-4094
US**



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301**

3. Date Incorporated or Qualified

07/22/1985

3a. Date of Last Report

06/28/1995

4. FEI Number

13-3255097

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**PD
DORNEMANN, MICHAEL
1540 BROADWAY
NEW YORK NY**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**P
GASSNER, RUDOLF L.
1540 BROADWAY
NEW YORK NY**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VSD
SCHOENFELD, JOEL
1540 BROADWAY
NEW YORK NY**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SVT
MCINTYRE, THOMAS W.
1540 BROADWAY
NEW YORK NY**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**SV
ISENSTEIN, JOSEPH
1540 BROADWAY
NEW YORK NY**

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**AS
SCHNEIDER, STANLEY H.
1540 BROADWAY
NEW YORK NY**

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

Senior VP, Gen. Counsel & Secy.

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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)(k), 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:

Joel Schoenfeld
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/96

Date

Daytime Phone #

CR2E034 (12/95)