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Apr 18 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 # 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 10036-4039
US

3. Date Incorporated or Qualified
07/22/1985

3a. Date of Last Report
04/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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	PD	<input type="checkbox"/> DELETE
NAME	DORNEMANN, MICHAEL	
STREET ADDRESS	1540 BROADWAY	
CITY - ST - ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GASSNER, RUDOLF L.	
STREET ADDRESS	1540 BROADWAY	
CITY - ST - ZIP	NEW YORK NY	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	SCHOENFELD, JOEL	
STREET ADDRESS	1540 BROADWAY	
CITY - ST - ZIP	NEW YORK NY	
TITLE	SVT	<input type="checkbox"/> DELETE
NAME	MCINTYRE, THOMAS W.	
STREET ADDRESS	1540 BROADWAY	
CITY - ST - ZIP	NEW YORK NY	
TITLE	SV	<input type="checkbox"/> DELETE
NAME	ISENSTEIN, JOSEPH	
STREET ADDRESS	1540 BROADWAY	
CITY - ST - ZIP	NEW YORK NY	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, STANLEY H.	
STREET ADDRESS	1540 BROADWAY	
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 submitted in this 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; 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:

Thomas W. McIntyre, Sr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas W. McIntyre, Sr. VP & Treasurer

Date

Daytime Phone #

4/9/97

0006349

CR2E034 (9/96)