

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

FILED
May 12 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 # **P12474** (3)
1. Corporation Name
SENIOR INCOME DEPOSITARY INC.

Principal Place of Business 3 WORLD FINANCIAL CENTER 29TH FLOOR NEW YORK NY 10285 US	Mailing Address FIRST DATA INVESTOR SERVICES GROUP P.O. BOX 1527 BOSTON MA 02104-1527 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/11/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 13-3377755	Applied For 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**

81 Name The Penhce - Hall Corporation System, Inc.
82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET
83
84 City TALLAHASSEE
85 Zip Code FL 32301

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: **David W. Nickelsen**

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/24/97

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	BRAVER, MOSHE
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10013
TITLE	S <input type="checkbox"/> DELETE
NAME	MANSON, KAREN
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	DONAHUE, SEAN
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR
CITY-ST-ZIP	NEW YORK NY
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	TERNULLO, JOSEPH
STREET ADDRESS	31 ST. JAMES AVENUE-8TH FLOOR
CITY-ST-ZIP	BOSTON MA
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	GILFENBAUM, AMY
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10285
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	DONALDSON, JOSEPH
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR
CITY-ST-ZIP	NEW YORK NY

18. 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 checked="" type="checkbox"/> Addition
4.2 NAME	AT CYNTHIA GRIESINGER
4.3 STREET ADDRESS	LPA - 53 STATE STREET
4.4 CITY-ST-ZIP	BOSTON, MA 02109
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T NIGEL WALKER
5.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER - 29TH FLOOR
5.4 CITY-ST-ZIP	NEW YORK, NY 10285
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	V LAWRENCE OSTOW
6.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER - 29TH FLOOR
6.4 CITY-ST-ZIP	NEW YORK, NY 10285

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.

SIGNATURE: **CYNTHIA GRIESINGER** 4/23/97 (617) 573-1103

CR2E034 (9/96)