

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P13823 (0)

1. Corporation Name

JOHN BLAIR & COMPANY INC.



Principal Place of Business

1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104

Mailing Address

1290 AVENUE OF THE AMERICAS
NEW YORK NY 10104

3. Date Incorporated or Qualified
03/30/1987

3a. Date of Last Report
02/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
13-3397121

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

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME MCAULIFF, TIMOTHY
STREET ADDRESS 68 ORCHARD DR
CITY - ST - ZIP GREENWICH CT ☒ DELETE

TITLE S
NAME ACKERMAN, SANFORD
STREET ADDRESS 3 MEAD ROAD
CITY - ST - ZIP ARMONK NY ☒ DELETE

TITLE D
NAME CARNOUFF, A W
STREET ADDRESS ONE TOWER SQ
CITY - ST - ZIP HARTFORD CT ☒ DELETE

TITLE D
NAME TORRE, ANTHONY J
STREET ADDRESS 4 GATEWAY CENTER
CITY - ST - ZIP NEWARK NJ ☒ DELETE

TITLE D
NAME MCAULIFF, TIMOTHY
STREET ADDRESS 68 ORCHARD DRIVE
CITY - ST - ZIP GREENWICH CT ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P
12 NAME Thomas F. Burchill
13 STREET ADDRESS 450 E. 52nd Street
14 CITY - ST - ZIP New York, NY 10022 ☐ Change ☒ Addition

21 TITLE VP
22 NAME James R. Ganley
23 STREET ADDRESS 701 Charnwood Dr.
24 CITY - ST - ZIP Wyckoff, NJ 07481 ☐ Change ☒ Addition

31 TITLE S
32 NAME Robert L. Tofel
33 STREET ADDRESS 780 Third Ave.
34 CITY - ST - ZIP New York, NY 10017 ☐ Change ☒ Addition

41 TITLE D
42 NAME Arthur Parent
43 STREET ADDRESS 328 Newman Springs Rd.
44 CITY - ST - ZIP Red Bank, NJ 07701 ☐ Change ☒ Addition

51 TITLE D
52 NAME David Allen
53 STREET ADDRESS 1814 Roland St.
54 CITY - ST - ZIP Sarasota, FL 34231 ☐ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Timothy McAuliff

7/31/96

212-603-5000

0016397

CR2E037 (3/96)