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May 02 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 # P16002

(8)

1. Corporation Name
LANCLOT REAL ESTATE CORPORATION



Principal Place of Business
C/O HOWE & ADDINGTON
450 LEXINGTON AVE #3800
NEW YORK NY 10017
US

Mailing Address
C/O HOWE & ADDINGTON
450 LEXINGTON AVE #3800
NEW YORK NY 10017-3911
US

3. Date Incorporated or Qualified
09/17/1987

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number
13-3375069

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
PSD
SMITH, T.J.
STREET ADDRESS
45 ROCKEFELLER PLAZA
CITY-ST-ZIP
NEW YORK NY

TITLE ☒ DELETE

NAME
VPAS
AMRESO ADVISORS, INC.
STREET ADDRESS
285 FRANKLIN STREET, 18TH FLOOR
CITY-ST-ZIP
BOSTON MA

TITLE ☐ DELETE

NAME
D
WEAVER, R B
STREET ADDRESS
WHEAT LAND
CITY-ST-ZIP
DARIEN CT

TITLE ☒ DELETE

NAME
VPAS
AMRESO ADVISORS, INC.
STREET ADDRESS
285 FRANKLIN STREET, 18TH FLOOR
CITY-ST-ZIP
BOSTON MA

TITLE ☐ DELETE

NAME
D
RUSBY, G.
STREET ADDRESS
SHELL CENTRE
CITY-ST-ZIP
LONDON EN

TITLE ☐ DELETE

NAME
D
RICHARDSON, R. J.
STREET ADDRESS
67 BOWMAN DRIVE
CITY-ST-ZIP
GREENWICH CT

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

14 Briarwood Lane
Suffern, NY 10901

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

Director
Nick Pettinatti
Shell Centre, London SE1 7NA

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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

Thomas J. Smith

(914) 425-8630

CR2E034 (9/96)