

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90141 011 ***150.00

DOCUMENT # P16002

1. Corporation Name

LANCELOT REAL ESTATE CORPORATION

Principal Place of Business

1209 ORANGE ST
450 LEXINGTON AVE #3800
WILMINGTON DE 19801
US

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/17/1987

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc. -

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, T.J.	
STREET ADDRESS	14 BRIARWOOD LANE	
CITY-ST-ZIP	SUFFERN NY	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETTINATTI, NICK	
STREET ADDRESS	SHELL CENTRE	
CITY-ST-ZIP	LONDON	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEAVER, R B	
STREET ADDRESS	WHEAT LAND	
CITY-ST-ZIP	DARIEN CT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUSBY, G.	
STREET ADDRESS	SHELL CENTRE	
CITY-ST-ZIP	LONDON EN	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RICHARDSON, R. J.	
STREET ADDRESS	67 BOWMAN DRIVE	
CITY-ST-ZIP	GREENWICH CT	
TITLE	AVPS	<input type="checkbox"/> DELETE
NAME	HOOD, BRUCE E	
STREET ADDRESS	450 LEXINGTON AVE	
CITY-ST-ZIP	NEW YORK NY 10017	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President & Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald Cannon	
1.3 STREET ADDRESS	Shell Center	
1.4 CITY-ST-ZIP	Houston, TX	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Douglas K. Urquhart	
2.3 STREET ADDRESS	700 North Pearl	
2.4 CITY-ST-ZIP	Dallas, TX	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gregory M. Adams	
3.3 STREET ADDRESS	700 North Pearl	
3.4 CITY-ST-ZIP	Dallas, TX	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Robert L. Adair III	
4.3 STREET ADDRESS	700 North Pearl	
4.4 CITY-ST-ZIP	Dallas, TX	
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 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Assistant Vice President 4/26/99 (212) 490-1700

CR2E034 (11/98)