

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

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

04-29-1999 90141 011 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip Country 25	29 Zip Country 30

3. Date Incorporated or Qualified 09/17/1987	
4. FEI Number 13-3375069	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 owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (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, on an attachment with an address, with all other like empowered.

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)