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CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 AM 11:48

DOCUMENT # P16642 (1)

1. Corporation Name
CHASE MANHATTAN CAPITAL FINANCE CORPORATION

Principal Place of Business	Mailing Address
1 CHASE MANHATTAN PLAZA 33RD FLOOR NEW YORK NY 10081	1 CHASE MANHATTAN PLAZA 33RD FLOOR NEW YORK NY 10081

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-3414427 ☐ 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

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

9. Name and Address of Current Registered Agent

CT 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 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 furnishing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCOB	1.1 TITLE	☐ Change ☐ Addition
NAME	ELLARD, BRUCE G.	1.2 NAME	
STREET ADDRESS	45 FOX RUN	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PROVIDENCE NJ	1.4 CITY-ST-ZIP	
TITLE	CFO	2.1 TITLE	CFO ☑ Change ☐ Addition
NAME	~~ALBOM, LENORE C.~~	2.2 NAME	Joseph Zygnerski
STREET ADDRESS	~~424 WEST END AVENUE~~	2.3 STREET ADDRESS	10 Hemlock Circle
CITY-ST-ZIP	~~NEW YORK NY~~	2.4 CITY-ST-ZIP	Cranford, NJ 07016
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	KNUTSON, DAVID	3.2 NAME	
STREET ADDRESS	201 EAST 79TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, MICHAEL G.J.	4.2 NAME	
STREET ADDRESS	709 SNEIDER LAKE	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN LAKES NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MINNAAR, CHARLES E.	5.2 NAME	
STREET ADDRESS	39 WILLOW DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHESTER NJ	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Bruce G Ellard 02/01/94 552-2060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0306510 FP