

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

FILED
May 07 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **P16927** (6)
1. Corporation Name
WILLIAM L. CROW CONSTRUCTION COMPANY

Principal Place of Business
~~5 PENN PLAZA~~
~~16TH FLOOR~~
~~NEW YORK NY 10001-1810~~
~~US~~

Mailing Address
C/O TAX DEPARTMENT
8080 J. A. JONES DRIVE
CHARLOTTE NC 28287
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|---------------|---------------------------|---------------|---|--|
| 2. Principal Place of Business 21 6 East 43rd Street | | 2a. Mailing Address 26 | | 3. Date Incorporated or Qualified 11/23/1987 | |
| Suite, Apt. #, etc. 22 6th Floor | | Suite, Apt. #, etc. 27 | | 4. FEI Number 13-0609490 | |
| City & State 23 New York, NY | | City & State 28 | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip 24 10017 | Country 25 | Zip 29 | Country 30 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--|
| TITLE | CD <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOOLF, JACK J. | 1.2 NAME | |
| STREET ADDRESS | 5 PENN PLAZA | 1.3 STREET ADDRESS | 6060 J.A. Jones Drive |
| CITY-ST-ZIP | NEW YORK NY | 1.4 CITY-ST-ZIP | Charlotte, NC 28287 |
| TITLE | V <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KASDEN, ALLEN J. | 2.2 NAME | |
| STREET ADDRESS | 5 PENN PLAZA | 2.3 STREET ADDRESS | 6 East 43rd Street, 6th Floor |
| CITY-ST-ZIP | NEW YORK NY | 2.4 CITY-ST-ZIP | New York, NY 10017 |
| TITLE | P <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCGOVERN, EUGENE | 3.2 NAME | |
| STREET ADDRESS | 5 PENN PLAZA | 3.3 STREET ADDRESS | 6 East 43rd Street, 6th Floor |
| CITY-ST-ZIP | NEW YORK NY 10001-1810 | 3.4 CITY-ST-ZIP | New York, NY 10017 |
| TITLE | V <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARRIS, JOHN R. | 4.2 NAME | |
| STREET ADDRESS | 5 PENN PLAZA | 4.3 STREET ADDRESS | 6 East 43rd Street, 6th Floor |
| CITY-ST-ZIP | NEW YORK NY | 4.4 CITY-ST-ZIP | New York, NY 10017 |
| TITLE | VS <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KILBRIDE, JAMES J. | 5.2 NAME | |
| STREET ADDRESS | 5 PENN PLAZA | 5.3 STREET ADDRESS | 6 East 43rd Street, 6th Floor |
| CITY-ST-ZIP | NEW YORK NY | 5.4 CITY-ST-ZIP | New York, NY 10017 |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE:  **Jack J. Woolf**/Chairman of the Board 704 552 2074

CR2E034 (10/97)