FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -9 AM 10:20

DOCUMENT # P17285 (8)

1. Corporation Name
AMREP CORPORATION

Principal Place of Business	Mailing Address
~~10 COLUMBUS CIRCLE~~ ~~NEW YORK NY 10019~~ 641 Lexington Avenue 6th Floor New York, NY 10022	~~10 COLUMBUS CIRCLE~~ ~~NEW YORK NY 10019~~ 641 Lexington Avenue 6th Floor New York, NY 10022

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/17/1987
3a. Date of Last Report: 02/08/1994

2. Principal Place of Business	2a. Mailing Address
21 641 Lexington Avenue	26 641 Lexington Avenue
Suite, Apt. #, etc.: 22 6th Floor	Suite, Apt. #, etc.: 27 6th Floor
City & State: 23 New York, NY	City & State: 28 New York, NY
Zip: 24 10022 Country: 25 USA	Zip: 29 10022 Country: 30 USA

4. FEI Number: 59-0936128 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPCE	11 TITLE	☐ Change ☐ Addition
NAME	GLIEDMAN, ANTHONY B.	12 NAME	
STREET ADDRESS	10 COLUMBUS CIRCLE	13 STREET ADDRESS	641 Lexington Avenue, 6th Floor
CITY-ST-ZIP	NEW YORK NY 10019	14 CITY-ST-ZIP	New York, NY 10022
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SCHULTZ, HARVEY W.	22 NAME	
STREET ADDRESS	10 COLUMBUS CIRCLE	23 STREET ADDRESS	641 Lexington Avenue, 6th Floor
CITY-ST-ZIP	NEW YORK NY 10019	24 CITY-ST-ZIP	New York, NY 10022
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ALONSO, LORETTA L	32 NAME	
STREET ADDRESS	10 COLUMBUS CIRCLE	33 STREET ADDRESS	641 Lexington Avenue, 6th Floor
CITY-ST-ZIP	NEW YORK NY 10019	34 CITY-ST-ZIP	New York, NY 10022
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	FRIEDMAN, DANIEL	42 NAME	
STREET ADDRESS	10 COLUMBUS CIRCLE	43 STREET ADDRESS	641 Lexington Avenue, 6th Floor
CITY-ST-ZIP	NEW YORK NY 10019	44 CITY-ST-ZIP	New York, NY 10022
TITLE	VT	51 TITLE	☐ Change ☐ Addition
NAME	SKALKA, RUDOLPH J.	52 NAME	
STREET ADDRESS	10 COLUMBUS CIRCLE	53 STREET ADDRESS	641 Lexington Avenue, 6th Floor
CITY-ST-ZIP	NEW YORK NY 10019	54 CITY-ST-ZIP	New York, NY 10022
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	WALL, JAMES	62 NAME	
STREET ADDRESS	10 COLUMBUS CIRCLE	63 STREET ADDRESS	641 Lexington Avenue, 6th Floor
CITY-ST-ZIP	NEW YORK NY 10019	64 CITY-ST-ZIP	New York, NY 10022

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: X [signature] Vice President-Finance 02/02/95 (212) 705-4700
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Title) (Date) (Daytime Phone #)
Rudolph J. Skalka

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