FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P17285** **(8)**

1. Corporation Name
AMREP CORPORATION

Principal Place of Business
641 LEXINGTON AVENUE
6TH FLOOR
NEW YORK NY 10022
US

Mailing Address
641 LEXINGTON AVENUE
6TH FLOOR
NEW YORK NY 10022
US

3. Date Incorporated or Qualified: 12/17/1987
3a. Date of Last Report: 02/09/1995
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 XX No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 333 Rio Rancho Drive, NE
Suite, Apt. #, etc.
27
City & State
28 Rio Rancho, New Mexico
Zip 29 87124 Country 30 United States

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 ____________ DATE ____________

12. OFFICERS AND DIRECTORS

Field	Entry	Delete
TITLE	CPCE	☐ DELETE
NAME	GLIEDMAN, ANTHONY B.	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	☐ DELETE
NAME	SCHULTZ, HARVEY W.	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	S	☒ DELETE
NAME	ALONSO, LORETTA L	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	☐ DELETE
NAME	FRIEDMAN, DANIEL	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VT	☒ DELETE
NAME	SKALKA, RUDOLPH J.	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	☐ DELETE
NAME	WALL, JAMES	
STREET ADDRESS	641 LEXINGTON AVE., 6TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change/Addition
1.1 TITLE		☐ Change XX Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP	New York, New York 10022	
2.1 TITLE		☐ Change XX Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	New York, New York 10022	
3.1 TITLE	S, VP	☐ Change XX Addition
3.2 NAME	Ascuitto, Valerie	
3.3 STREET ADDRESS	641 Lexington Avenue, Sixth Floor	
3.4 CITY-ST-ZIP	New York, New York 10022	
4.1 TITLE		☐ Change XX Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	New York, New York 10022	
5.1 TITLE	V, T, D, CFO	☐ Change XX Addition
5.2 NAME	Vachani, Mohan	
5.3 STREET ADDRESS	641 Lexington Avenue, Sixth Floor	
5.4 CITY-ST-ZIP	New York, New York 10022	
6.1 TITLE		XX Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	333 Rio Rancho Drive, NE	
6.4 CITY-ST-ZIP	Rio Rancho, New Mexico 87124	

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)(k), 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: [signature] Vice President 01/18/96 (505) 892-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)