

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 # **P17469** (8)

1. Corporation Name
AREA GP CORPORATION



Principal Place of Business: **3 WORLD FINANCIAL CENTER 29TH FLOOR NEW YORK NY 10285 US**
Mailing Address: **C/O THE SHAREHOLDER SERVICES GROUP P.O. BOX 1527 BOSTON MA 02104 US**

3. Date Incorporated or Qualified: **12/31/1987**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **11-2803362**
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: **21**
2a. Mailing Address: **26 First Data Investor Services Group**
22. Suite, Apt. #, etc.: **27**
23. City & State: **28**
24. Zip: **25** Country: **29** Zip: **30** Country: **30**

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

| | | |
|----------------|-------------------------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | ABBOTT, PAUL L. | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER-29TH FLOOR | |
| CITY-ST-ZIP | NEW YORK, NY 10013 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | MANSON, KAREN | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER-29TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | T | <input type="checkbox"/> DELETE |
| NAME | GILFENBAUM, AMY | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER-29TH FLOOR | |
| CITY-ST-ZIP | NEW YORK, NY 10285 | |
| TITLE | AT | <input type="checkbox"/> DELETE |
| NAME | TERNULLO, JOSEPH | |
| STREET ADDRESS | 31 ST. JAMES AVENUE-6TH FLOOR | |
| CITY-ST-ZIP | BOSTON MA | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | HELLMAN, ROBERT | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER-29TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | MAYER, GREGORY | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER-29TH FLOOR | |
| CITY-ST-ZIP | NEW YORK NY | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|---------------------------|--|
| 1.1 TITLE | Assistant Treasurer | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | Cynthia Griesinger | |
| 1.3 STREET ADDRESS | 31 ST JAMES AVE 6th Floor | |
| 1.4 CITY-ST-ZIP | Boston MA 02116 | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | Cynthia Griesinger | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 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 | Asst. Treasurer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Cynthia Griesinger | |
| 6.3 STREET ADDRESS | | |
| 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)(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: Cynthia Griesinger **Cynthia Griesinger** 4/25/96 **617 350-2103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)