

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

FILED

May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
FIRST DATA INVESTOR SERVICES GROUP
P.O. BOX 1527
BOSTON MA 02104-1527
US



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

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
12/31/1987

3a. Date of Last Report
05/01/1996

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

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 THE PRENTICE - HALL CORPORATION SYSTEM, INC
82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS Street
83
84 City Tallahassee FL 85 Zip Code 32301

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 David W. Nickelsen *David W. Nickelsen* 4/24/97
Signature, typed or printed name of registered agent and title if applicable. (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 checked="" type="checkbox"/> DELETE
NAME	GILFENBAUM, AMY	
STREET ADDRESS	3 WORLD FINANCIAL CENTER-29TH FLOOR	
CITY-ST-ZIP	NEW YORK, NY 10285	
TITLE	AT	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
3.2 NAME	NIGEL WALKER
3.3 STREET ADDRESS	3 WORLD FINANCIAL CENTER - 29th FLOOR
3.4 CITY-ST-ZIP	NEW YORK, NY 10285
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	AT CYNTHIA GRIESINGER
4.3 STREET ADDRESS	53 STATE STREET, BOS 710
4.4 CITY-ST-ZIP	BOSTON, MA 02107
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Cynthia Griesinger* CYNTHIA GRIESINGER 4/23/97 (617)573-1103

CP2E034 (9/96)