

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P19042** (1) *NC 2-29-96*
1. Corporation Name
LINTAS, INC. AMMIRATI PURIS LINTAS INC.



Principal Place of Business Mailing Address
750 THIRD AVENUE 4TH FLOOR (TAX DEPT.) NEW YORK NY 10017

3. Date Incorporated or Qualified **04/28/1988** 3a. Date of Last Report **05/01/1995**
4. FEI Number **13-2837056** 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

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country 30.

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable) **700001826947**
83. **-05/20/96--01004--027**
84. City *****200.00** 85. Zip Code **FL**

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 the taxpayer (date) Registered Agent signature required when re-registering (date)

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BEARD, EUGENE P.
STREET ADDRESS	1271 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY
TITLE	TSD <input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, CARLOS M.
STREET ADDRESS	ONE DAG HAMMARSKJOLD PL
CITY-ST-ZIP	NEW YORK NY
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	VOLPE, THOMAS J.
STREET ADDRESS	1271 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK NY
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HOAG, FRANK E.
STREET ADDRESS	ONE DAG HAMMARSKJOLD PL
CITY-ST-ZIP	NEW YORK NY
TITLE	V <input type="checkbox"/> DELETE
NAME	MASON, ARTHUR M
STREET ADDRESS	750 THIRD AVE
CITY-ST-ZIP	NEW YORK NY
TITLE	CD <input checked="" type="checkbox"/> DELETE
NAME	PLAVOUKOS, SPENCER
STREET ADDRESS	ONE DAG HAMMARSKJOLD PL
CITY-ST-ZIP	NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
1.2 NAME	V/D LUBRANO VINCENT
1.3 STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA
1.4 CITY-ST-ZIP	NEW YORK, NY 10017
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	S EGAN, LEO A
2.3 STREET ADDRESS	1271 AVENUE OF THE AMERICAS
2.4 CITY-ST-ZIP	NEW YORK, N.Y. 10020
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add-on
3.2 NAME	P/D GARDNER, STEVEN
3.3 STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA
3.4 CITY-ST-ZIP	NEW YORK NY 10017
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T FORSTER, ALAN M
4.3 STREET ADDRESS	1271 AVENUE OF THE AMERICAS
4.4 CITY-ST-ZIP	NEW YORK, NY 10020
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	V MASON, ARTHUR M
5.3 STREET ADDRESS	1271 AVENUE OF THE AMERICAS
5.4 CITY-ST-ZIP	NEW YORK, NY 10020
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	C/D PURIS, MARTIN
6.3 STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA
6.4 CITY-ST-ZIP	NEW YORK NY 10017

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: **Arthur Mason** VICE-PRESIDENT - TAXES **4/30/96 (212) 399-8103**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DATE

CR2E034 (12/95)

Handwritten initials and date
5-1-96