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

APPROVED AND FILED

APR MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P21138** **(3)**

1. Corporation Name

ELMSFORD PLANTATION CORP.

Principal Place of Business	Mailing Address
% ROBERT MARTIN COMPANY 100 CLEARBROOK RD ELMSFORD NY 10523	% ROBERT MARTIN COMPANY 100 CLEARBROOK RD ELMSFORD NY 10523

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/03/1988**

3a. Date of Last Report: **04/25/1994**

2. Principal Place of Business — 21 / 22 / 23 / 24 / 25

2a. Mailing Address — 26 / 27 / 28 / 29 / 30

4. FEI Number: **13-3500403** ☐ 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

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 Sec. tion 607.0505 Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1. TITLE	☐ Change ☐ Addition
NAME	BERGER, MARTIN S	2. NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	3. STREET ADDRESS	
CITY ST ZIP	ELMSFORD NY	4. CITY ST ZIP	
TITLE	CD	1. TITLE	☐ Change ☐ Addition
NAME	WEINBERG, ROBERT F.	2. NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	3. STREET ADDRESS	
CITY ST ZIP	ELMSFORD NY	4. CITY ST ZIP	
TITLE	VS	1. TITLE	☐ Change ☐ Addition
NAME	ROOS, LLOYD I.	2. NAME	
STREET ADDRESS	100 CLEARBROOK ROAD	3. STREET ADDRESS	
CITY ST ZIP	ELMSFORD NY	4. CITY ST ZIP	
TITLE	V	1. TITLE	☐ Change ☐ Addition
NAME	JONES, TIM M	2. NAME	
STREET ADDRESS	100 CLEARBROOK RD	3. STREET ADDRESS	
CITY ST ZIP	ELMSFORD NY	4. CITY ST ZIP	
TITLE	P	1. TITLE	☐ Change ☐ Addition
NAME	BERGER, BRAD W	2. NAME	
STREET ADDRESS	100 CLEARBROOK RD	3. STREET ADDRESS	
CITY ST ZIP	ELMSFORD NY	4. CITY ST ZIP	
TITLE		1. TITLE	☐ Change ☐ Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY ST ZIP		4. CITY ST ZIP	

14. I do hereby certify that the information supplied with this report is absolutely 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 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 added, in connection with this report.

SIGNATURE: Martin Berger 4-26-95 (914) 592-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0473771 FP