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

95 MAR 30 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P22713** **(2)**

1. Corporation Name

JOSEPHTHAL LYON & ROSS INCORPORATED

Principal Place of Business	Mailing Address
200 PARK AVENUE 24TH FLOOR NEW YORK NY 10166 US	%PETER SHEIB 200 PARK AVE., 24TH FL. NEW YORK NY 10166 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **01/25/1989**
3a. Date of Last Report: **08/15/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: **13-1850914** ☐ 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

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☒ Change ☐ Addition
NAME	PURJES, DAN D	12 NAME	PURJES, DAN D
STREET ADDRESS	~~94 BRYAM RIDGE RD~~	13 STREET ADDRESS	200 Park Avenue, 24th Floor
CITY-ST-ZIP	ARMONK NY	14 CITY-ST-ZIP	New York, NY 10166
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	RICE, LAWRENCE R.	22 NAME	
STREET ADDRESS	185 E. 85TH STREET	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	SHEIB, PETER E.	32 NAME	
STREET ADDRESS	88 RUCUM RD	33 STREET ADDRESS	
CITY ST ZIP	ROXBURY CT	34 CITY-ST-ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	RODEN, CHARLES E.	42 NAME	
STREET ADDRESS	7 BLAIR RD	43 STREET ADDRESS	
CITY ST ZIP	ARMONK NY	44 CITY-ST-ZIP	
TITLE	~~CFO~~	51 TITLE	CFO ☒ Change ☐ Addition
NAME	~~PETERSEN, ROBERT~~	52 NAME	Larkin, Sherwood Peter
STREET ADDRESS	45 BROADWAY	53 STREET ADDRESS	200 Park Avenue 24th Floor
CITY ST ZIP	NEW YORK NJ	54 CITY ST ZIP	New York, NY 10166
TITLE	VD	61 TITLE	☐ Change ☐ Addition
NAME	HUNT, JULIE M.	62 NAME	
STREET ADDRESS	6 EAST 43RD STREET	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	64 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)(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: Julie M Hunt **Julie M. Hunt** **3/23/95** **(212) 986-6700**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001837 CF