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 # P22713 (2)

1. Corporation Name

JOSEPHTHAL LYON & ROSS INCORPORATED

Principal Place of Business
200 PARK AVENUE
24TH FLOOR
NEW YORK NY 10166
US

Mailing Address
%PETER SHEIB
200 PARK AVE., 24TH FL.
NEW YORK NY 10166
US

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 03/30/1995

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

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 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 ______
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	☐ DELETE
NAME	PURJES, DAN D	
STREET ADDRESS	200 PARK AVE. 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	VD	☐ DELETE
NAME	RICE, LAWRENCE R.	
STREET ADDRESS	185 E. 85TH STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VD	☐ DELETE
NAME	SHEIB, PETER E.	
STREET ADDRESS	88 RUCUM RD	
CITY-ST-ZIP	ROXBURY CT	
TITLE	SD	☐ DELETE
NAME	RODEN, CHARLES E.	
STREET ADDRESS	7 BLAIR RD	
CITY-ST-ZIP	ARMONK NY	
TITLE	CFO	☐ DELETE
NAME	LARKIN, SHERWOOD P	
STREET ADDRESS	200 PARK AVE 24TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10166	
TITLE	VD	☐ DELETE
NAME	HUNT, JULIE M.	
STREET ADDRESS	6 EAST 43RD STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	~~PD~~ Chairman Director	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	President Director	☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ 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 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: X Peter Sheib 6/3/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)