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 # **P23129** **(0)**

1. Corporation Name

CARRET AND COMPANY, INC.

Principal Place of Business	Mailing Address
560 LEXINGTON AVENUE NEW YORK NY 10022	560 LEXINGTON AVENUE NEW YORK NY 10022

3. Date Incorporated or Qualified: **02/24/1989**
3a. Date of Last Report: **06/09/1995**

2. Principal Place of Business
21: 40 East 52nd Street
22: Suite, Apt. #, etc.
23: New York NY
24: 10022 — 25: Country: NY

2a. Mailing Address
26: 40 East 52nd Street
27: Suite, Apt. #, etc.
28: New York NY
29: 10022 — 30: Country: NY

4. FEI Number: **13-1995724** ☐ 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

OLDERMAN, DAVID J.
40 COUNTRY RD
VILLAGE OF GOLF FL 33436

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 for New Registered Agent required) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OLDERMAN, DAVID J.		1.2 NAME	
STREET ADDRESS	40 COUNTRY RD		1.3 STREET ADDRESS	
CITY-ST-ZIP	VILLAGE OF GOLF FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CARRET, PHILIP L.		2.2 NAME	
STREET ADDRESS	50 POPHAM ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	SCARSDALE NY		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CARRET, DONALD		3.2 NAME	
STREET ADDRESS	411 WEST END AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ROCKHILL, LINDA J.		4.2 NAME	
STREET ADDRESS	307 E. 44TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WEBBER, WILLIAM H		5.2 NAME	
STREET ADDRESS	141 SECOR LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	PELHAM FL		5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

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: Linda S. Rockhill Sec/Treas 2/01/96 2125933800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #