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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -2 PM 2:30

DOCUMENT # **P25378** **(1)**

1. Corporation Name
LEHRER MCGOVERN BOVIS, INC.

Principal Place of Business	Mailing Address
200 PARK AVENUE NEW YORK NY 10166	200 PARK AVENUE NEW YORK NY 10166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **07/27/1989**
3a. Date of Last Report: **02/14/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29 — Country — 25 / 30

4. FEI Number: **13-2988742** ☐ 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

KUBILUS, JOHN V
C/O C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
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	1.1 TITLE		☐ Change ☐ Addition
NAME	D'AGOSTINO, JAMES	1.2 NAME		
STREET ADDRESS	1796 MIDDLE RD.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MARTINSVILLE NJ	1.4 CITY-ST-ZIP		
TITLE	EVP	2.1 TITLE		☒ Change ☐ Addition
NAME	MARCHETTO, PETER	2.2 NAME		
STREET ADDRESS	23 TARRY HILL DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CITY FL	2.4 CITY-ST-ZIP	NEW CITY, NY 10956	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	SILVERMAN, ARTHUR	3.2 NAME		
STREET ADDRESS	40 W 57TH ST	3.3. STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP		
TITLE	TD	4.1 TITLE		☐ Change ☐ Addition
NAME	KUBILUS, JOHN V.	4.2 NAME		
STREET ADDRESS	247 CONGERS ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW CITY NY	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	MELSON, MARK (ASST.)	5.2 NAME		
STREET ADDRESS	444 EAST 04TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP		
TITLE	C	6.1 TITLE		☐ Change ☐ Addition
NAME	LEHRER, PETER M.	6.2 NAME		
STREET ADDRESS	1070 CONSTABLE DRIVE	6.3 STREET ADDRESS		
CITY-ST-ZIP	MAMARONECK NY	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)(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 added by an attachment with an address.

SIGNATURE: _____ John V. Kubilus (212) 592-6723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0001634 CP