FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 30, 1999 8:00 am
Secretary of State
04-30-1999 90038 012 ***150.00

DOCUMENT # P25378

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 Qualifed: 07/27/1989

2. Principal Place of Business	2a. Mailing Address
21 200 Park Avenue	26 200 Park Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 New York, NY	City & State 28 New York, NY
Zip 24 10166 Country 25 USA	Zip 29 10166 Country 30 USA

4. FEI Number: 13-2986742 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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	CD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COCHRANE, LUTHER		1.2 NAME		
STREET ADDRESS	525 PARK AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	EVPD	☐ DELETE	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 NY		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	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	☒ DELETE	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	ASD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MELSON, MARK (ASST.)		5.2 NAME		
STREET ADDRESS	444 EAST 84TH STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	SVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PESANT, CARLOS		6.2 NAME		
STREET ADDRESS	65 PRINCE LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WESTBURY NY		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: [signature] REQUIRED Mark Melson April 6, 1999 212-592-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #