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

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27192** **(4)**

1. Corporation Name
SWANKE HAYDEN CONNELL LTD. INCORPORATED

Principal Place of Business
295 LAFAYETTE ST
NEW YORK NY 10012
US

Mailing Address
295 LAFAYETTE ST
NEW YORK NY 10012
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/05/1989

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

4. FEI Number
13-3168797
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 N. MAGNOLIA STREET
TALLAHASSEE FL 32301

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	HAYDEN, RICHARD S.	
STREET ADDRESS	296 FLORIDA HILL RD	
CITY-ST-ZIP	RIDGEFIELD CT	
TITLE	SD	☐ DELETE
NAME	ALEXANDER, GEORGE G	
STREET ADDRESS	30 HAMMOND RD	
CITY-ST-ZIP	GLEN COVE NY	
TITLE	TD	☐ DELETE
NAME	CARLSON, RICHARD A.	
STREET ADDRESS	509 FIRST ST.	
CITY-ST-ZIP	BROOKLYN NY	
TITLE	AS	☒ DELETE
NAME	FOGARTY, GERALD E.	
STREET ADDRESS	32 COS COB AVE.	
CITY-ST-ZIP	COS COB CT	
TITLE	AS	☒ DELETE
NAME	PRUDON, THEO	
STREET ADDRESS	135 WEST 70 ST	
CITY-ST-ZIP	NY NY	
TITLE	ATD	☐ DELETE
NAME	CONANT, PETER A	
STREET ADDRESS	12 PARTRIDGE LN	
CITY-ST-ZIP	DARIEN CT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ 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		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ASSISTANT SECRETARY	☐ Change ☒ Addition
4.2 NAME	ROBERT A. STRASSER	
4.3 STREET ADDRESS	707 KILDARE CRESCENT	
4.4 CITY-ST-ZIP	SEAFORD, N.Y. 11783	
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 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 attached sheet with an address.

CR2E034 (10/97)