FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

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 MAR 22 AM 9:04

DOCUMENT # P29794 (5)

1. Corporation Name
DAYTOP VILLAGE FOUNDATION INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
54 WEST 40TH STREET LEGAL DEPARTMENT NEW YORK NY 10018	54 WEST 40TH STREET LEGAL DEPARTMENT NEW YORK NY 10018

3. Date Incorporated or Qualified: 06/18/1990
3a. Date of Last Report: 10/04/1994

4. FEI Number: ~~59-3172948~~ 14-6046772 ☐ Applied For ☐ Not Applicable

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

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TRUMBULL ESQ, WILLIAM
501 E KENNEDY BLVD
TAMPA FL 33602

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	P	1.1 TITLE	V ☐ Change ☐ Addition
NAME	O'BRIEN, MSGR. WILLIAM B	1.2 NAME	YASSER HIJAZI
STREET ADDRESS	54 WEST 40TH STREET	1.3 STREET ADDRESS	54 WEST 40TH STREET
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10018
TITLE	V	2.1 TITLE	V ☐ Change ☐ Addition
NAME	MADDEN, BRIAN J.	2.2 NAME	STEVEN WINSTON
STREET ADDRESS	54 WEST 40TH STREET	2.3 STREET ADDRESS	54 WEST 40TH STREET
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	NEW YORK, NEW YORK 10018
TITLE	AS	3.1 TITLE	☐ Change ☐ Addition
NAME	CERVINO, CARMEN	3.2 NAME	
STREET ADDRESS	142 KILBURN ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	GARDEN CITY SOUTH NY	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	☐ Change ☐ Addition
NAME	HALLERAN, ARTHUR J. JR.	4.2 NAME	
STREET ADDRESS	ONE INTERNATIONAL PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	☐ Change ☐ Addition
NAME	CUMMINS, GERALD R.	5.2 NAME	
STREET ADDRESS	1270 BROADWAY, SUITE 803	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	☐ Change ☐ Addition
NAME	FROME, ROBERT L.	6.2 NAME	
STREET ADDRESS	505 PARK AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ March 15, 1995 1-212-354-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Brian Madden

007311B