

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P29794** (5)  
1. Corporation Name  
**DAYTOP VILLAGE FOUNDATION INCORPORATED**



Principal Place of Business

54 WEST 40TH STREET  
LEGAL DEPARTMENT  
NEW YORK NY 10018

Mailing Address

54 WEST 40TH STREET  
LEGAL DEPARTMENT  
NEW YORK NY 10018

3. Date Incorporated or Qualified  
**06/18/1990**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

**14-6046772**

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

10. Name and Address of New Registered Agent

TRUMBULL ESQ, WILLIAM  
501 E KENNEDY BLVD  
TAMPA FL 33602

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 617.0502 and 617.1508, 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 617.0503, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE  
NAME **O'BRIEN, MSGR. WILLIAM B**  
STREET ADDRESS **54 WEST 40TH STREET**  
CITY-ST-ZIP **NEW YORK NY**

1.1 TITLE **V** ☐ Change ☒ Addition  
1.2 NAME **HIJAZI, YASSER**  
1.3 STREET ADDRESS **54 WEST 40th STREET**  
1.4 CITY-ST-ZIP **NEW YORK, NY 10018**

TITLE **V** ☐ DELETE  
NAME **MADDEN, BRIAN J.**  
STREET ADDRESS **54 WEST 40TH STREET**  
CITY-ST-ZIP **NEW YORK NY**

2.1 TITLE **V** ☐ Change ☒ Addition  
2.2 NAME **WINSTON, STEVEN ESQ.**  
2.3 STREET ADDRESS **54 WEST 40TH STREET**  
2.4 CITY-ST-ZIP **NEW YORK, N.Y. 10018**

TITLE **AS** ☐ DELETE  
NAME **CERVINO, CARMEN**  
STREET ADDRESS **142 KILBURN ROAD**  
CITY-ST-ZIP **GARDEN CITY SOUTH NY**

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **CERVINO, CARMEN**  
3.3 STREET ADDRESS **142 KILBURN ROAD**  
3.4 CITY-ST-ZIP **GARDEN CITY SOUTH, NY 11530**

TITLE **CD** ☒ DELETE  
NAME **HALLERAN, ARTHUR J. JR.**  
STREET ADDRESS **ONE INTERNATIONAL PLACE**  
CITY-ST-ZIP **BOSTON MA**

4.1 TITLE **TD** ☐ Change ☒ Addition  
4.2 NAME **LOVERME, JOHN P. ESQ.**  
4.3 STREET ADDRESS **201 EAST 62nd STREET**  
4.4 CITY-ST-ZIP **NEW YORK, N.Y. 10021**

TITLE **CD** ☐ DELETE  
NAME **CUMMINS, GERALD R.**  
STREET ADDRESS **1270 BROADWAY, SUITE 803**  
CITY-ST-ZIP **NEW YORK NY**

5.1 TITLE **C** ☒ Change ☐ Addition  
5.2 NAME **CUMMINS, GERALD R.**  
5.3 STREET ADDRESS **1270 BROADWAY, SUITE 803**  
5.4 CITY-ST-ZIP **NEW YORK, N.Y. 10001**

TITLE **TD** ☐ DELETE  
NAME **FROME, ROBERT L.**  
STREET ADDRESS **505 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY**

6.1 TITLE **CD** ☒ Change ☐ Addition  
6.2 NAME **FROME, ROBERT L.**  
6.3 STREET ADDRESS **505 PARK AVENUE**  
6.4 CITY-ST-ZIP **NEW YORK, N.Y. 10021**

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Brian J. Madden, Executive Vice President**

January 30, 1996

Date

1-212-354-6000

Daytime Phone #

CR2E037 (12/95)