

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P30868 (4)

1. Corporation Name

GREEN LINE INVESTOR SERVICES (U.S.A.) INC.



Principal Place of Business

Mailing Address

31 WEST 52 ST  
NEW YORK NY 10019  
US

31 WEST 52 ST  
NEW YORK NY 10019  
US

3. Date Incorporated or Qualified

09/11/1990

3a. Date of Last Report

04/06/1995

2. Principal Place of Business

2a. Mailing Address

21 350 PARK AVE

26 350 PARK AVE

4. FEI Number

76-0366048

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

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 date of appointment.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE

NAME GRAY, W. K.  
STREET ADDRESS 55 KING ST. & BAY ST.  
CITY-ST-ZIP TORONTO ONTARIO

TITLE V ☒ DELETE

NAME MACHEE, WALTER M  
STREET ADDRESS 909 FANNIN ST., STE 1700  
CITY-ST-ZIP HOUSTON TX

TITLE TS ☒ DELETE

NAME STONELL, C.E.  
STREET ADDRESS 31 WEST 52 ST  
CITY-ST-ZIP NEW YORK NY

TITLE V ☐ DELETE

NAME CLAUSE, C. A.  
STREET ADDRESS 909 FANNIN ST.  
CITY-ST-ZIP HOUSTON TX

TITLE D ☒ DELETE

NAME NORTON, ALEXANDER I  
STREET ADDRESS 55 KING ST AND BAY ST  
CITY-ST-ZIP TORONTO ON

TITLE DS ☐ DELETE

NAME STERNS, B. K.  
STREET ADDRESS 31 W 52ND ST  
CITY-ST-ZIP NEW YORK NY

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☒ Addition

☒ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/96

Daytime Phone #

CR2E034 (12/95)