

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB -7 PM 3:10

DOCUMENT # P32495 (4)

1. Corporation Name
O'CONNOR MANAGEMENT INCORPORATED

Principal Place of Business
**399 PARK AVENUE
25TH FLOOR
NEW YORK NY 10022**

Mailing Address
**399 PARK AVENUE
25TH FLOOR
NEW YORK NY 10022**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/16/1991	3a. Date of Last Report 03/07/1994
21		26		4. FEI Number 13-3214722	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip	Country	29. Zip	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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 re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMBERG, LEONARD I.	1.2 NAME	
STREET ADDRESS	208 WOODBINE AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MERRICK NY	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHELAN, JOHN E., JR.	2.2 NAME	
STREET ADDRESS	51 GLENDALE AVE.	2.3 STREET ADDRESS	
CITY - ST - ZIP	LIVINGSTON NJ	2.4 CITY - ST - ZIP	
TITLE	SD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, KEVIN	3.2 NAME	Assistant Vice President
STREET ADDRESS	34 CRESCENT PLACE	3.3 STREET ADDRESS	Gary J. Dienst
CITY - ST - ZIP	SHORT HILLS NJ	3.4 CITY - ST - ZIP	80 Mount Bethel Avenue
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCCOLLUM, WILLIAM J.	4.2 NAME	
STREET ADDRESS	17 SALEM LANE	4.3 STREET ADDRESS	
CITY - ST - ZIP	PORT WASHINGTON NY	4.4 CITY - ST - ZIP	
TITLE	SVP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DILLON, BRIDGET	5.2 NAME	
STREET ADDRESS	200 PARK AVENUE, 51ST FLOOR	5.3 STREET ADDRESS	
CITY - ST - ZIP	NEW YORK NY	5.4 CITY - ST - ZIP	
TITLE	SVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASTNER, PAUL	6.2 NAME	
STREET ADDRESS	200 PARK AVENUE, 51ST FLOOR	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(1)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee in possession to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: Gary J. Dienst 1/27/95
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR