

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P34126 (3)**

1. Corporation Name

METRO-SUBURBIA, INC.



Principal Place of Business

Mailing Address

160 E 45TH ST
37TH FLOOR
NEW YORK NY 10017
US

350 MADISON AVE 15TH FLOOR
ATTN: ~~G. KAPAS~~ *Ingrid C. Main*
NEW YORK NY 10017
US

3. Date Incorporated or Qualified **05/29/1991** 3a. Date of Last Report **05/01/1995**

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

4. FEI Number 11-2016787	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		

8. 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
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, if applicable

Date of Registered Agent signature required, if applicable

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, EDWIN F.	1.2 NAME
STREET ADDRESS	485 LEXINGTON AVENUE	1.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWHOUSE, S.I., JR.	2.2 NAME
STREET ADDRESS	350 MADISON AVENUE	2.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWHOUSE, MARK W.	3.2 NAME
STREET ADDRESS	STAR LEDGER PLAZA	3.3 STREET ADDRESS
CITY-ST-ZIP	NEWARK NJ	3.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWHOUSE, DONALD E.	4.2 NAME
STREET ADDRESS	STAR LEDGER PLAZA	4.3 STREET ADDRESS
CITY-ST-ZIP	NEWARK NJ	4.4 CITY-ST-ZIP
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOENBACHER, ROBERT N	5.2 NAME
STREET ADDRESS	140 E 45TH ST 37TH FLOOR	5.3 STREET ADDRESS
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

100001833141 Change Addition
-05/21/96--01145--041
***200.00

SIGNATURE:

Mark Newhouse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR
Mark Newhouse
Director/V.P.

4/10/96

201-877-4121

CR2E034 (12/95)