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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90065 036 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P 34709 06(6)

1. Corporation Name

LS Bayport Inc.

Principal Place of Business

c/o Morgan Stanley Dean Witter
1585 Broadway
New York, N.Y. 10036

Mailing Address

c/o Morgan Stanley
Dean Witter
1221 Avenue of the
Americas - 23rd Fl.
New York, NY 10020

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07-17-91

4. FEI Number

13-3607934

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

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 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 CEO ☐ DELETE
NAME William B. Smith
STREET ADDRESS 423 Hillside Avenue
CITY-ST-ZIP Westfield, N.J. 07090

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE President ☐ DELETE
NAME E. Davisson Hardman, Jr.
STREET ADDRESS 3 Loder Street
CITY-ST-ZIP Rye, New York 10580

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Vice President ☐ DELETE
NAME Robert B. Austin
STREET ADDRESS 17 Manitou Circle
CITY-ST-ZIP Westfield, N.J. 07090

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Secretary ☐ DELETE
NAME Ronald T. Carman
STREET ADDRESS 436 N.Village Avenue
CITY-ST-ZIP Rocville, Centre, N.Y. 11570

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE Contoller ☐ DELETE
NAME Lawrence Volpe
STREET ADDRESS 61 Strawtown Road
CITY-ST-ZIP New City, N.Y. 10956

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE Assistant Secretary ☐ DELETE
NAME William J. O'Shaughnessy
STREET ADDRESS 60 Hedges Avenue
CITY-ST-ZIP Chatham, N.J. 07928

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryce Sandberg
Vice President

Date

2/2/99

(212) 762-6904

Daytime Phone #

CR2E034 (11/98)