SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 25 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P35444** **(9)**

1. Corporation Name

PARKWOOD PROPERTIES CORP.

Principal Place of Business	Mailing Address
C/O BANKERS TRUST COMPANY 280 PARK AVENUE, 23 WEST NEW YORK NY 10017	C/O BANKERS TRUST COMPANY 280 PARK AVENUE, 23 WEST NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1991
3a. Date of Last Report: 08/17/1994

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

4. FEI Number: 13-3626717 ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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	P	11 TITLE		☐ Change ☐ Addition
NAME	EGAN, JAMES D.	12 NAME		
STREET ADDRESS	280 PARK AVE.,	13 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP		
TITLE	VD	21 TITLE	VP	☒ Change ☐ Addition
NAME	JOHNSON, ALEXANDER B.V.	22 NAME		
STREET ADDRESS	280 PARK AVE., 23 WEST	23 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY	24 CITY-ST-ZIP		
TITLE	VP	31 TITLE		☒ Change ☐ Addition
NAME	HORRISON, BRUCE	32 NAME	MORRISON Bruce	
STREET ADDRESS	280 PARK AVE.,	33 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10017	34 CITY ST ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	SCHULMAN, STEWART	42 NAME		
STREET ADDRESS	280 PARK AVE., 23 WEST	43 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10017	44 CITY ST ZIP		
TITLE	AT/S	51 TITLE		☐ Change ☐ Addition
NAME	DIGRAEIA, JOSEPH	52 NAME		
STREET ADDRESS	130 LIBERTY ST.	53 STREET ADDRESS		
CITY ST ZIP	NEW YORK NY 10017	54 CITY ST ZIP		
TITLE		61 TITLE	VP	☐ Change ☒ Addition
NAME		62 NAME	Gregory Sposito	
STREET ADDRESS		63 STREET ADDRESS	280 Park Ave.	
CITY ST ZIP		64 CITY ST ZIP	New York, NY 10017	

CR2E034 (3/95)

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)(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.

SIGNATURE: [signature] 7/18/95 212 454-3538
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D1B1760 FP