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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P36465** **(3)**

1. Corporation Name

FAYETTE CAPITAL, INC.

Principal Place of Business	Mailing Address
225 LIBERTY ST SO TWR 14TH FLR NEW YORK NY 10080-108 US	255 LIBERTY ST SO TWR 14TH FLR NEW YORK NY 10080-108 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 11/26/1991	3a. Date of Last Report: 05/01/1995
21	26	4. FEI Number: 13-3640945	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

PARALEGAL AND ATTORNEY SERVICE, INC.
1020 EAST LAFAYETTE STREET, SUITE 110-A
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 required for printed name of new 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	PCD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COUGHLIN, THOMAS J.	1.2 NAME	
STREET ADDRESS	250 VESEY STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCINERNEY, MARTIN 225 LIB W	2.2 NAME	
STREET ADDRESS	SO TWR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	VST ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WIDENER, THOMAS W.	3.2 NAME	
STREET ADDRESS	250 VESEY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	3.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	LANE, CLINTON W.	4.2 NAME	
STREET ADDRESS	250 VESEY STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	VAS ☒ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	GEBHARDT, BRUCE S.	5.2 NAME	
STREET ADDRESS	250 VESEY STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	HAUGH, GERARD	6.2 NAME	
STREET ADDRESS	225 LIBERTY STREET, WFC SO. TWR	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(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 if changed, or on an attachment with an address.

SIGNATURE: Gerard M. Haugh 01/16/96 (212) 336-7203

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

GERARD M. HAUGH,

CR2E034 (12/95)