

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

APPROVED  
AND  
FILED

97 JUL -2 PM 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DOCUMENT # P36465 (3)  
1. Corporation Name  
FAYETTE CAPITAL, INC.

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

Mailing Address  
255 LIBERTY ST  
SO TWR 14TH FLR  
NEW YORK NY 10281-1024  
US

3. Date Incorporated or Qualified 11/26/1991  
3a. Date of Last Report 01/24/1996  
4. FEI Number 13-3640945  
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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

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, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	COUGHLIN, THOMAS J.	
STREET ADDRESS	250 VESEY STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	MCINERNEY, MARTIN 225 LIB W	
STREET ADDRESS	SO TWR.	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	WIDENER, THOMAS W.	
STREET ADDRESS	250 VESEY STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LANE, CLINTON W.	
STREET ADDRESS	250 VESEY STREET	
CITY - ST - ZIP	NEW YORK NY	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HAUGH, GERARD	
STREET ADDRESS	225 LIBERTY STREET, WFC SO. TWR	
CITY - ST - ZIP	NEW YORK NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Chairman	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Clinton W. Lane.	
1.3 STREET ADDRESS	250 Vesey Street.	
1.4 CITY - ST - ZIP	NEW YORK, N.Y. 10281	
2.1 TITLE	Vice President/Asst. Sec.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jean Tomaselli	
2.3 STREET ADDRESS	250 Vesey Street.	
2.4 CITY - ST - ZIP	NEW YORK, N.Y. 10	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

100002232861-008  
-07/08/97-01064-008  
\*\*\*\*165.00 \*\*\*\*165.00

G. Lane  
7/2/97

14. I do 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.

SIGNATURE *[Signature]* V.P. 04/08/97 0212236-7591

CR2E034 (9/96)