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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36602** **(1)**

1. Corporation Name

LAIDLAW HOLDINGS ASSET MANAGEMENT, INC.

Principal Place of Business	Mailing Address
100 PARK AVE. NEW YORK NY 10017	100 PARK AVE. NEW YORK NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
12/06/1991	10/05/1994

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 13-3472589	☐ 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 / Country 24 / 25	Zip / Country 29 / 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	10. Name and Address of New Registered Agent
GUERSANI-HARRINGTON, CARLOS 1221 BRICKELL AVENUE MIAMI FL 33131	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	CD	11 TITLE	Director	☒ Change ☐ Addition
NAME	~~VON MEYERN HOHENBERG, G.~~	12 NAME	Bagley, Paul	
STREET ADDRESS	~~275 MADISON AVENUE~~ OUT	13 STREET ADDRESS	100 Park Avenue	
CITY ST ZIP	~~NEW YORK NY~~	14 CITY ST ZIP	New York, NY 10017	
TITLE	PDS	21 TITLE		☒ Change ☐ Addition
NAME	BOTTOMS, DAVID N., JR.	22 NAME		
STREET ADDRESS	275 MADISON AVENUE	23 STREET ADDRESS	100 Park Avenue	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	New York, NY 10017	
TITLE	VD	31 TITLE		☒ Change ☐ Addition
NAME	BAUR, WALTER H.	32 NAME		
STREET ADDRESS	275 MADISON AVENUE	33 STREET ADDRESS	100 Park Avenue	
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	New York, NY 10017	
TITLE	VD	41 TITLE		☒ Change ☐ Addition
NAME	SILVERSTEIN, LAWRENCE A	42 NAME		
STREET ADDRESS	275 MADISON AVE	43 STREET ADDRESS	100 Park Avenue	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	New York, NY 10017	
TITLE	VC	51 TITLE		☒ Change ☐ Addition
NAME	BUNE, ANTHONY	52 NAME		
STREET ADDRESS	275 MADISON AVE	53 STREET ADDRESS	100 Park Avenue	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	New York, NY 10017	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] C.F.O 4/10/95 (212) 376-4000

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

0386479 FF