

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90031 013 ***150.00

DOCUMENT # P36959

1. Corporation Name

RESOURCES SUPERVISORY MANAGEMENT CORP.

Principal Place of Business

C/O NORTHSTAR PRESIDIO MGMT CO LLC
SUITE 270-411 W PUTNAM AVE
GREENWICH CT 06830
US

Mailing Address

C/O NORTHSTAR PRESIDIO MGMT CO LLC
SUITE 270-411 W PUTNAM AVE
GREENWICH CT 06830
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/06/1992

4. FEI Number

13-3638619

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 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

TITLE ☐ DELETE

NAME ~~SABELLA, RICHARD~~
STREET ADDRESS SUITE 270-411 W PUTNAM AVE
CITY-ST-ZIP GREENWICH CT 06830

TITLE ☐ DELETE

NAME SVPC
STREET ADDRESS SCHACHTER, LAWRENCE R
CITY-ST-ZIP SUITE 270-411 PUTNAM AVE
GREENWICH CT 06830

TITLE ☐ DELETE

NAME EVP
STREET ADDRESS ROTHSCCHILD, ALLAN B
CITY-ST-ZIP SUITE 270-411 W PUTNAM AVE
GREENWICH CT 06830

TITLE ☐ DELETE

NAME VP
STREET ADDRESS HUMBER, CHARLES
CITY-ST-ZIP SUITE 270-411 W PUTNAM AVE
GREENWICH CT 06830

TITLE ☐ DELETE

NAME VPTS
STREET ADDRESS REARDON, KEVIN
CITY-ST-ZIP SUITE 270-411 W PUTNAM AVE
GREENWICH CT 06830

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE
1.2 NAME Allan B. ROTHSCCHILD
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

1-27-99 203
862-7032

Daytime Phone #

CR2E034 (11/98)

0564274