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Jun 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P37946** (1)
1. Corporation Name
PDC CORPORATION

Principal Place of Business
**599 LEXINGTON AVENUE, 39TH FL.
NEW YORK NY 10022**

Mailing Address
**599 LEXINGTON AVENUE, 39TH FL.
NEW YORK NY 10022-6030**

3. Date Incorporated or Qualified
03/18/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business
21 **590 Madison Avenue**

2a. Mailing Address
26 **c/o Jackson Hole Mgt. Co.
590 Madison Avenue**

4. FEI Number
13-3650758

Applied For
Not Applicable

Suite, Apt. #, etc.
22 **32nd Floor**

Suite, Apt. #, etc.
27 **32nd Floor**

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

City & State
23 **New York, NY**

City & State
28 **New York, NY**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be
Added to Fees**

Zip
24 **10022**

Country
25

Zip
29 **10022**

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BERTOLDI, ROBERT J
599 LEXINGTON AVE., 42ND FL.
NEW YORK NY** ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
BERTOLDI, ROBERT J.
599 LEXINGTON AVE., 42ND FL.
NEW YORK NY** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
BERTOLDI, ROBERT J
599 LEXINGTON AVE., 42ND FL.
NEW YORK NY 10022** ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**P/S/D
Bertoldi, Robert J.
590 Madison Ave., 32nd Floor
New York, NY 10022** ☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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:

Robert J. Bertoldi Robert J. Bertoldi

5/16/97

(212) 849-8100

CR2E034 (9/96)