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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

FILED
Apr 14 1997 8:00am
Secretary of State

DOCUMENT # P39865 **(1)**

1. Corporation Name
ARTEMIS CAPITAL GROUP, INC.

Principal Place of Business	Mailing Address
PARK AVE TOWER - 9 FLOOR 65 E 55 STR NEW YORK NY 10022 US	PARK AVE TOWER - 9 FLOOR 65 E 55 STR NEW YORK NY 10022-3219 US

3. Date Incorporated or Qualified: 07/27/1992
3a. Date of Last Report: 03/06/1996

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

4. FEI Number: 13-2958859 — ☐ 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

9. Name and Address of Current Registered Agent
ANDERSON, SANDRA M.
1 BOCA PL
2255 GLADES RD, STE 319A
BOCA RATON FL 33431

10. Name and Address of New Registered Agent
81 Name: CT Corporation Systems
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

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: Theresa Baylor, Asst. Sec.
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	P	☐ DELETE	1.1 TITLE	Secretary/Treasurer ☑ Change ☐ Addition
NAME	ALWORTH, SANDRA A.		1.2 NAME	
STREET ADDRESS	60 GILBERT RD.		1.3 STREET ADDRESS	
CITY-ST-ZIP	HO-HO-KUS NJ		1.4 CITY-ST-ZIP	Ho-Ho-kus, NJ 07423
TITLE	V	☐ DELETE	2.1 TITLE	☑ Change ☐ Addition
NAME	BROWN, AIMEE S		2.2 NAME	
STREET ADDRESS	1874 BUSH ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA		2.4 CITY-ST-ZIP	San Francisco, CA 94109
TITLE	T	☐ DELETE	3.1 TITLE	President ☑ Change ☐ Addition
NAME	WIESSMANN, ROBIN L.		3.2 NAME	
STREET ADDRESS	5 EAST 22ND ST.		3.3 STREET ADDRESS	171 North Main Street
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	Yardley, PA 19067
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Sandra A. Alworth 3/20/97 212-593-2110