

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **P92000002643** ✓

1. Corporation Name

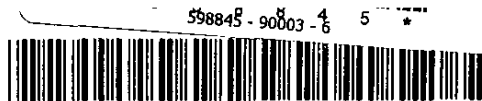
QRS 11-12 (FL), INC.

Principal Place of Business
**50 ROCKEFELLER PLAZA
NEW YORK NY 10020**

Mailing Address
**50 ROCKEFELLER PLAZA
NEW YORK NY 10020**

FILED
Jul 30, 1999 8:00 am
Secretary of State

07-30-1999 90003 006 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1992

4. FEI Number

13-3687919

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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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	<input type="checkbox"/> DELETE
NAME	CAREY, WILLIAM P	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, FRANCIS J	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUDER, WILLIAM R	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOWNSEND, CHARLES C JR	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NICKELSON, DONALD E.	
STREET ADDRESS	50 ROCKEFELLER PLAZA	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PRESIDENT
2.3 STREET ADDRESS	H. AUGUSTUS CAREY
2.4 CITY-ST-ZIP	50 ROCKEFELLER PLAZA
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	TREASURER
5.3 STREET ADDRESS	JOHN J. PARK
5.4 CITY-ST-ZIP	50 ROCKEFELLER PLAZA
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	2ND VICE PRESIDENT
6.3 STREET ADDRESS	YASSEN GUERRERO
6.4 CITY-ST-ZIP	50 ROCKEFELLER PLAZA

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.

SIGNATURE: **W. J. PARK**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/99

Date

(212) 492-1110

Daytime Phone #

CR2E034 (5/99)