FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 24 PM 1:31

DOCUMENT # P93000008572 (8)

1. Corporation Name
HUNTINGTON MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
3350 LAKESIDE DR MIRAMAR FL 33027	3350 LAKESIDE DR MIRAMAR FL 33027

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1993
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business	2a. Mailing Address
21 3400 Lakeside Dr	26 3400 Lakeside Dr
22 Suite 500	27 Suite 500
23 Miramar FL	28 Miramar FL
24 33027 / 25 USA	29 33027 / 30 USA

4. FEI Number: 65-0384855 ☐ 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

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	CHRISTINA, COTTER H	1.2 NAME	CHRISTIAN, Cotter H.
STREET ADDRESS	3350 LAKESIDE DR	1.3 STREET ADDRESS	3400 Lakeside Drive, Suite 500
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, JOHN	2.2 NAME	
STREET ADDRESS	4 EMBARCADERO CTR	2.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANSCISCO CA	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☒ Change ☐ Addition
NAME	SIEGEL, DAVID L	3.2 NAME	
STREET ADDRESS	3350 LAKESIDE DR	3.3 STREET ADDRESS	3400 Lakeside Drive, Suite 500
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	FUSCO, ANTHONY S	4.2 NAME	
STREET ADDRESS	505 PARK AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, NEIL	5.2 NAME	
STREET ADDRESS	505 PARK AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	KAVOUNAS, EDMOND	6.2 NAME	
STREET ADDRESS	505 PARK AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	6.4 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 if changed, or on an attachment with an address.

SIGNATURE: David L Siegel DAVID L SIEGEL 3/20/95 (305) 436-6304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0110120 CP