

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

FILED

Feb 11 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000014202 (2)**

1. Corporation Name
QRS 10-18 (FL), INC.

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/20/1995	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 13-3810595	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	28 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST, 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD CAREY, WILLIAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 ROCKEFELLER PLAZA, 2ND FL	1.2 NAME	
STREET ADDRESS	NEW YORK NY 10020	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD TOWNSEND, CHARLES C	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 ROCKEFELLER PLAZA, 2ND FL	2.2 NAME	
STREET ADDRESS	NEW YORK NY 10020	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD CAREY, FRANCIS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 ROCKEFELLER PLAZA, 2ND FL	3.2 NAME	
STREET ADDRESS	NEW YORK NY 10020	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D NICKELSON, DONALD E	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 ROCKEFELLER PLAZA, 2ND FL	4.2 NAME	
STREET ADDRESS	NEW YORK NY 10020	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D RUDER, WILLIAM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	50 ROCKEFELLER PLAZA, 2ND FL	5.2 NAME	
STREET ADDRESS	NEW YORK NY 10020	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	ASSISTANT TREASURER	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YASMIN GUERRERO	6.2 NAME	
STREET ADDRESS	50 ROCKEFELLER PLAZA, 2ND FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10020	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.

SIGNATURE: *Yasmin Guerrero* **YASMIN GUERRERO** 1/8/98 212-492-1164

CR2E034 (10/97)