

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

FILED

Jan 30 1997 8:00am  
Secretary of State

|                                       |   |  |
|---------------------------------------|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------|---|--|

DOCUMENT # **P96000023157 (6)**  
1. Corporation Name  
**SONIA LEE INVESTMENTS, INC.**



|  |   |
|--|---|
| Principal Place of Business<br><b>% UBS ASSET MANAGEMENT (NEW YORK), INC.<br/>1345 AVENUE OF THE AMERICAS, 47TH FL<br/>NEW YORK NY 10105</b> | Mailing Address<br><b>% UBS ASSET MANAGEMENT (NEW YORK), INC.<br/>1345 AVENUE OF THE AMERICAS, 47TH FL<br/>NEW YORK NY 10105-0302</b> |
|--|---|

|                                |                       |   |   |
|--------------------------------|-----------------------|---|---|
| 2. Principal Place of Business | 2a. Mailing Address   | 3. Date Incorporated or Qualified<br><b>03/14/1996</b>                          | 3a. Date of Last Report<br><b>N/A</b>   |
| 21                             | 26                    | 4. FEI Number<br><b>22-3446321</b>  | Applied For<br><input type="checkbox"/> Not Applicable  |
| 22 Suite, Apt #, etc.          | 27 Suite, Apt #, etc. | 5. Certificate of Status Desired <input type="checkbox"/>                       | <b>\$8.75 Additional Fee Required</b>   |
| 23 City & State                | 28 City & State       | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | <b>\$5.00 May Be Added to Fees</b>  |
| 24 Zip                         | 29 Zip                | 30 Country  | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|  |   |  |                          |
|--|---|--|--------------------------|
| 9. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE FL 32301-2525</b> |   | 10. Name and Address of New Registered Agent |                          |
| 81 Name  | 82 Street Address (P.O. Box Number is Not Acceptable) | 83   | 84 City                  |
|  |   |  | 85 Zip Code<br><b>FL</b> |

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---------------------------------|---|--|
| TITLE                      | <input type="checkbox"/> DELETE | 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       |                                 | 1.2 NAME  | <b>P W.</b>  |
| STREET ADDRESS             |                                 | 1.3 STREET ADDRESS                                    | <b>Henry Haunss, Jr.<br/>c/o UBS Asset Management (NY) Inc.<br/>1345 Avenue of the Americas<br/>New York, NY 10105</b> |
| CITY-ST-ZIP                |                                 | 1.4 CITY-ST-ZIP                                       | <b>New York, NY 10105</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 2.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       |                                 | 2.2 NAME  | <b>VP Francis J. Decker, Jr.</b>   |
| STREET ADDRESS             |                                 | 2.3 STREET ADDRESS                                    | <b>c/o UBS Asset Management (NY) Inc.<br/>1345 Avenue of the Americas<br/>New York, New York 10105</b>                 |
| CITY-ST-ZIP                |                                 | 2.4 CITY-ST-ZIP                                       | <b>New York, New York 10105</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       |                                 | 3.2 NAME  | <b>VP/T William J. Schwartz</b>  |
| STREET ADDRESS             |                                 | 3.3 STREET ADDRESS                                    | <b>c/o UBS Asset Management (NY) Inc.<br/>1345 Avenue of the Americas<br/>New York, New York 10105</b>                 |
| CITY-ST-ZIP                |                                 | 3.4 CITY-ST-ZIP                                       | <b>New York, New York 10105</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 4.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |
| NAME                       |                                 | 4.2 NAME  | <b>S Joseph D. Hyman</b>   |
| STREET ADDRESS             |                                 | 4.3 STREET ADDRESS                                    | <b>c/o UBS Asset Management (NY) Inc.<br/>1345 Avenue of the Americas<br/>New York, New York 10105</b>                 |
| CITY-ST-ZIP                |                                 | 4.4 CITY-ST-ZIP                                       | <b>New York, New York 10105</b>  |
| TITLE                      | <input type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                                 | 5.2 NAME  |  |
| STREET ADDRESS             |                                 | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| NAME                       |                                 | 6.2 NAME  |  |
| STREET ADDRESS             |                                 | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                                 | 6.4 CITY-ST-ZIP                                       |  |

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: **William J. Schwartz** **JAN 20 1997** 212-3649-7390  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)