

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

FILED
Jan 27 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 # P97000022061 (0)

1. Corporation Name
KINNEY DUPONT PLAZA, INC.



Principal Place of Business 60 MADISON AVENUE NEW YORK FL 10010	Mailing Address 60 MADISON AVENUE NEW YORK FL 10010
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 13-3937229		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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

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	☐ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME		1.2 NAME	SCHWARTZ, SAUL P.
STREET ADDRESS		1.3 STREET ADDRESS	60 Madison Ave
CITY-ST-ZIP		1.4 CITY-ST-ZIP	New York, NY 10010
TITLE	☐ DELETE	2.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME		2.2 NAME	KATZ, LEWIS
STREET ADDRESS		2.3 STREET ADDRESS	60 Madison Ave
CITY-ST-ZIP		2.4 CITY-ST-ZIP	New York, NY 10010
TITLE	☐ DELETE	3.1 TITLE	EXECUTIVE VICE PRESIDENT ☐ Change ☒ Addition
NAME		3.2 NAME	SCARPATI, JOSEPH
STREET ADDRESS		3.3 STREET ADDRESS	60 Madison Ave
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New York, NY 10010
TITLE	☐ DELETE	4.1 TITLE	EXEC. VICE PRESIDENT/CFO ☐ Change ☒ Addition
NAME		4.2 NAME	MICHALOSKY, MICHAEL
STREET ADDRESS		4.3 STREET ADDRESS	60 Madison Ave
CITY-ST-ZIP		4.4 CITY-ST-ZIP	New York, NY 10010
TITLE	☐ DELETE	5.1 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		5.2 NAME	MITTELMAN, PHILIP
STREET ADDRESS		5.3 STREET ADDRESS	60 Madison Ave
CITY-ST-ZIP		5.4 CITY-ST-ZIP	New York, NY 10010
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	

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

[Signature]

[Signature]

CR2E034 (10/97)