

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
JENNIFER M. BARNES
Secretary of State
CORPORATION COMMISSIONERS

DOCUMENT # **S61534** (1)

U.S. TRUST COMPANY OF FLORIDA SAVINGS BANK

Principal Office:

132 ROYAL PALM WAY
PALM BEACH FL 33480

Alternate Office:

132 ROYAL PALM WAY
PALM BEACH FL 33480

2. Principal Executive Officer

21. ☐ Not Applicable

22. ☐ Not Applicable

23. ☐ Not Applicable

24. ☐ Not Applicable

2a. Mailing Address

26. ☐ Not Applicable

27. ☐ Not Applicable

28. ☐ Not Applicable

29. ☐ Not Applicable

9. Name and Address of Current Registered Agent

NOT REQUIRED PURSUANT TO
607.0501(2), FLORIDA STATUTES

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the information required by the Florida Statutes, and I am a duly qualified and licensed agent of the State of Florida, and I am duly qualified and licensed to act as a registered agent for the purpose of changing its registered office.

12. Officers:

13.

D
CALLAWAY, TROWBRIDGE, III
132 ROYAL PALM WAY
PALM BEACH FL

D
CHMIEL, FELIX J.
132 ROYAL PALM WAY
PALM BEACH FL

D
LICKLE, GARRISON D.
125 WORTH AVE.
PALM BEACH FL

D
MAURER, JEFFREY S.
114 W. 47TH ST.
NEW YORK NY

D
MCNAMARA, GERALDINE M.
100 PARK AVE.
NEW YORK NY

D
WEST, THURLOW A.
132 ROYAL PALM WAY
PALM BEACH FL

13.

C/D
1. ☐ Change
2. ☐ Add

V/D
3. ☐ Change
4. ☐ Add

5. ☐ Change
6. ☐ Add

7. ☐ Change
8. ☐ Add

9. ☐ Change
10. ☐ Add

11. ☐ Change
12. ☐ Add

13. ☐ Change
14. ☐ Add

15. ☐ Change
16. ☐ Add

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ☒ Change ☐ Add

777 S. Flagler Drive - Suite 500
West Palm Beach, FL 33401

114 West 47th Street
New York, NY 10036

V/D ☒ Change ☐ Add

3. Date Prepared for Filing

06/21/1991

4. Filing Number
65-0268073

5. Certificate of Status Desired ☐

6. Election Campaign Financing ☐

8. The corporation is liable for and pays taxes under S. 190.032, Florida Statutes. ☒ Yes ☐ No

3a. Date of Last Report

02/10/1995

Applied For
Not Applicable

\$8.75 Additional
Fee Required

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81. Name

82. Street Address, P.O. Box Number, or Not Applicable

83.

84. City

FL 85. Zip Code

14. I, the undersigned, being a resident of the State of Florida, do hereby certify that the foregoing is a true and correct statement of the information required by the Florida Statutes, and I am a duly qualified and licensed agent of the State of Florida, and I am duly qualified and licensed to act as a registered agent for the purpose of changing its registered office.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96

(407) 659-1550

CR2E034 (12/95)