

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 17 AM 10:06

DOCUMENT # **S76809** (0)

1. Corporation Name  
**SDA CONSULTING, INC.**

Principal Place of Business Mailing Address  
101 PARK AVE 101 PARK AVE  
3500 3500  
NEW YORK NY 10178 NEW YORK NY 10178  
US US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 222 Lakeview Avenue		26		08/29/1991		03/18/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22 City & State		27 City & State		NOT APPLICABLE		Not Applicable	
23 West Palm Beach, FL		28		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
24 Zip		25 Country		6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
24 33401		25		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		Yes No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				FL B5 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 fee if applicable. (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEINBERG, EDWARD L.	1.2 NAME	Steinberg, Edward L.
STREET ADDRESS	919 THIRD AVE., 26TH FLOOR	1.3 STREET ADDRESS	222 Lakeview Avenue
CITY-ST-ZIP	NEW YORK NY	1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE		2.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Abraham, S. Daniel
STREET ADDRESS		2.3 STREET ADDRESS	222 Lakeview Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE		3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Fleming, Peter Jr.
STREET ADDRESS		3.3 STREET ADDRESS	101 Park Avenue, Suite 3600
CITY-ST-ZIP		3.4 CITY-ST-ZIP	New York, NY 10178
TITLE		4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	Tsang, Carl
STREET ADDRESS		4.3 STREET ADDRESS	222 Lakeview Avenue
CITY-ST-ZIP		4.4 CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE		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		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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Carl Tsang - Treasurer 3/7/95 (402) 810-1320  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Official Fee \$