

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

**FILED**  
**May 09 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 827523 (2)**  
 1. Corporation Name  
**2154 TRADING CORPORATION**



Principal Place of Business <b>ONE MADISON AVENUE AREA 8-E NEW YORK NY 10010 US</b>	Mailing Address <b>ONE MADISON AVENUE AREA 8-E NEW YORK NY 10010-3803 US</b>
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<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc.	<b>26</b> 2a. Mailing Address Suite, Apt. #, etc.
<b>22</b> City & State	<b>27</b> City & State
<b>23</b> Zip	<b>28</b> Zip
<b>24</b> Country	<b>29</b> Country

<b>3.</b> Date Incorporated or Qualified <b>02/23/1972</b>	<b>3a.</b> Date of Last Report <b>05/01/1996</b>
<b>4.</b> FET Number <b>13-2656285</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>9. Name and Address of Current Registered Agent</b>	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	

<b>81</b> Name	<b>85</b> Zip Code
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
<b>83</b>	
<b>84</b> City	

**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		
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>ARNHOLT, FREDERICK E</b>	
STREET ADDRESS	<b>1800 BALLYBUNION DR.</b>	
CITY-ST-ZIP	<b>DULUTH GA</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RIPBERGER, WILLIAM R.</b>	
STREET ADDRESS	<b>9 JUNIPER ROAD</b>	
CITY-ST-ZIP	<b>ROWAYTON CT</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>TYPERMASS, ARTHUR G.</b>	
STREET ADDRESS	<b>143 CHESTNUT ST</b>	
CITY-ST-ZIP	<b>GARDEN CITY NY</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>BRASH, STEVEN J.</b>	
STREET ADDRESS	<b>322 E. 84TH ST.</b>	
CITY-ST-ZIP	<b>NEW YORK NY</b>	
TITLE	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>DIGNEY, JAMES B.</b>	
STREET ADDRESS	<b>20 POPLAR PLAIN ROAD</b>	
CITY-ST-ZIP	<b>WESTPORT CT</b>	
TITLE	<b>VSD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILCOMES, RONALD H.</b>	
STREET ADDRESS	<b>9 LYNCREST DR.</b>	
CITY-ST-ZIP	<b>PARAMUS NJ</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<b>V/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>ROBERT N. JENKINS</b>	
2.3 STREET ADDRESS	<b>1185 PARK AVENUE</b>	
2.4 CITY-ST-ZIP	<b>NEW YORK, NY</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>V/S/D</b>	
6.3 STREET ADDRESS	<b>RICHARD S. COLLINS</b>	
6.4 CITY-ST-ZIP	<b>72 WEST BROTHER DRIVE GREENWICH, CT</b>	

**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:** *Steven J. Brash* **Steven J. Brash** **4/29/97** **(212) 578-6494**

CR2E034 (9/96)