

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

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95 MAY - 1 AM 9:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northers Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 838793 (8)

1. Corporation Name
DANIEL F. YOUNG, INCORPORATED

Principal Place of Business 17 BATTERY PLACE NEW YORK NY 10004	Mailing Address 17 BATTERY PLACE NEW YORK NY 10004
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/18/1977	3e. Date of Last Report 04/27/1994
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 13-5496410	Applied For Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24 Zip	25 Country	29 Zip	30 Country

DO NOT WRITE IN THIS SPACE.

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE CD	NAME KEARNS, JOSEPH G.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17 BATTERY PLACE	CITY - ST - ZIP NEW YORK NY	1.2 NAME	
TITLE P	NAME LANIGAN, ROBERT J.	1.3 STREET ADDRESS	
STREET ADDRESS 17 BATTERY PLACE	CITY - ST - ZIP NEW YORK NY	1.4 CITY - ST - ZIP	
TITLE V	NAME ROACH, JOSEPH T	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17 BATTERY PL NO.	CITY - ST - ZIP NEW YORK NY	2.2 NAME	
TITLE V	NAME KUEHN, RALPH	2.3 STREET ADDRESS	
STREET ADDRESS 17 BATTERY PLACE	CITY - ST - ZIP NEW YORK NY	2.4 CITY - ST - ZIP	
TITLE T	NAME BENTLEY, RITA P.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 17 BATTERY PLACE	CITY - ST - ZIP NEW YORK NY	3.2 NAME	
TITLE V	NAME BIEGEN, QUENTIN C.	3.3 STREET ADDRESS	
STREET ADDRESS 2855 COOLIDGE ROAD	CITY - ST - ZIP TROY MI	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 type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		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)(k), 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, by origin attachment with an address.

SIGNATURE: *Rita P. Bentley* **RITA P. BENTLEY** 4/25/95 (112) 248-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR