

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
1975 N.W. 17th Street, TALLAHASSEE, FL 32310

DOCUMENT # **P12997** (3)
1. Corporation Name:
HAAS FINANCIAL CORPORATION

Principal Place of Business: **230 PARK AVENUE NEW YORK NY 10169**
Main Office: **230 PARK AVENUE NEW YORK NY 10169**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
State: **NY** City: **NY**
23. **NY** **NY** **NY**
24. **NY** **NY** **NY** **NY** **NY**

3. Date Incorporated or Qualified: **01/26/1987**
3a. Date of Last Report: **05/11/1994**
4. FFC Number: **13-3380932**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Electronic Campaign Financing Fund Fund Contribution: **\$5.00 May Be Added to Fees**
7. This corporation has liability for intangible tax under S. 194(3)(b), Florida Statutes: Yes No

9. Name and Address of Current Registered Agent:
**UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA 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. City:
84. State: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 219.01, 219.02, and 219.03, 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, hereby advised the appointment of registered agent, familiar with and capable of conducting the business of the corporation.

SIGNATURE: _____

12. CURRENT REGISTERED AGENTS	13. ALTERNATE REGISTERED AGENTS
NAME: CST HAAS, GEORGE C. JR. STREET ADDRESS: 230 PARK AVENUE NEW YORK NY CITY: NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: D HAAS, GEORGE C. JR. STREET ADDRESS: 230 PARK AVENUE NEW YORK NY CITY: NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: S CATANO, JUDITH A. (ASST) STREET ADDRESS: 230 PARK AVENUE NEW YORK NY CITY: NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: P COLBERT, ROSS STREET ADDRESS: 230 PARK AVENUE NEW YORK NY CITY: NY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____ STREET ADDRESS: _____ CITY: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and is not required for the exemption stated in Section 194(3)(b), Florida Statutes. I further certify that the information included on this report is supplemental and not required to be filed as a state and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent and am authorized to execute this report as required by Chapter 194, Florida Statutes, and that my name appears on Block 12 or Block 13 of this form. I am not affiliated with a corporation.

SIGNATURE: *George C. Haas* **11/27/95**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR