FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **851221** **(2)**

1. Corporation Name

WILLIAM M. MERCER, INCORPORATED

Principal Place of Business	Mailing Address
1166 AVE. OF THE AMERICAS TAX DEPT. 30 FL NEW YORK NY 10036-2708	1166 AVE. OF THE AMERICAS TAX DEPT. 30 FL NEW YORK NY 10036-2708

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/07/1981**

3a. Date of Last Report: **03/02/1994**

2. Principal Place of Business (21):

2a. Mailing Address (26):

Suite, Apt #, etc (22):

Suite, Apt #, etc (27):

City & State (23):

City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **13-2834414** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ (NOTE: Registered Agent's signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	COSTER, PETER	12 NAME	
STREET ADDRESS	1166 AVE OF THE AMERICAS	13 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	14 CITY ST ZIP	
TITLE	EVP	21 TITLE	☐ Change ☐ Addition
NAME	LYNCH, TIMOTHY J.	22 NAME	
STREET ADDRESS	1166 AVE OF THE AMERICAS	23 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	24 CITY ST ZIP	
TITLE	EVP	31 TITLE	☐ Change ☐ Addition
NAME	MAHENDROO, VIKESH	32 NAME	
STREET ADDRESS	1166 AVE OF THE AMERICAS	33 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	34 CITY ST ZIP	
TITLE	EVP	41 TITLE	☐ Change ☐ Addition
NAME	PRINGLE, EDWARD G.	42 NAME	
STREET ADDRESS	1166 AVE OF THE AMERICAS	43 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	44 CITY ST ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	FAGAN, WILLIAM C.	52 NAME	
STREET ADDRESS	1166 AVE OF THE AMERICAS	53 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	54 CITY ST ZIP	
TITLE	AT	61 TITLE	☐ Change ☐ Addition
NAME	BLAUVELT, JOHN D.	62 NAME	
STREET ADDRESS	1166 AVE OF THE AMERICAS	63 STREET ADDRESS	
CITY ST ZIP	NEW YORK NY	64 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John D. Blauvelt JOHN D. BLAUVELT 4/28/95 212-345-7330
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE) (DATE) (TELEPHONE NUMBER)

0396382 FP