



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 88778		2. Name of Corporation BLIMPIE NEWPORT VENTURES, INC.			
3. Street Address Principal Business Office 180 Interstate N Pkwy SE, Suite 500		City Atlanta	State GA	Zip 30339	
4. Business Phone No. 770-984-2707		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL BUSINESS OF PROVIDING REAL ESTATE LEASING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. A. Archer		Vice President Name Brian Lane			
Street Address 180 Interstate N Pkwy SE, Suite 500		Street Address 180 Interstate N Pkwy SE, Suite 500			
City Atlanta	State GA	Zip 30339	City Atlanta	State GA	Zip 30339
Secretary Name J. A. Archer		Treasurer Name Brian Lane			
Street Address 180 Interstate N Pkwy SE, Suite 500		Street Address 180 Interstate N Pkwy SE, Suite 500			
City Atlanta	State GA	Zip 30339	City Atlanta	State GA	Zip 30339
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. A. Archer		Director Name			
Street Address 180 Interstate N Pkwy SE, Suite 500		Street Address			
City Atlanta	State GA	Zip 30339	City	State	Zip
Director Name Brian Lane		Director Name			
Street Address 180 Interstate N Pkwy SE, Suite 500		Street Address			
City Atlanta	State GA	Zip 30339	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	NO PAR VALUE		None		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*88778\*

File Date 11/10/05  
Check No. 00105  
By: W.  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Brian Lane 11/3/05  
Signature of Officer Date  
Brian Lane  
Print or Type Name of Officer  
Treasurer  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 88778		2. Name of Corporation BLIMPIE NEWPORT VENTURES, INC.			
3. Street Address Principal Business Office 180 Interstate North Pkwy SE, Suite 500			City Atlanta	State GA	Zip 30339
4. Business Phone No. 770-984-2707		5. State of Incorporation RHODE ISLAND		6. SIC Code 5538	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE GENERAL BUSINESS OF PROVIDING REAL ESTATE LEASING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name J. A. Archer			Vice President Name Brian Lane		
Street Address 180 Interstate North Pkwy SE, Suite 500			Street Address 180 Interstate North Pkwy SE, Suite 500		
City Atlanta	State GA	Zip 30339	City Atlanta	State GA	Zip 30339
Secretary Name J. A. Archer			Treasurer Name Brian Lane		
Street Address 180 Interstate North Pkwy SE, Suite 500			Street Address 180 Interstate North Pkwy SE, Suite 500		
City Atlanta	State GA	Zip 30339	City Atlanta	State GA	Zip 30339
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name J. A. Archer			Director Name Brian Lane		
Street Address 180 Interstate North Pkwy SE, Suite 500			Street Address 180 Interstate North Parkway, Ste 500		
City Atlanta	State GA	Zip 30339	City Atlanta	State GA	Zip 30339
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200	NO PAR VALUE		NONE		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 8 7 7 8 \*

File Date 3-8-04  
Check No. 1013  
By: 100

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Brian Lane 3/2/04  
Signature of Officer Date  
Brian Lane  
Print or Type Name of Officer  
Treasurer  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **88778** 2. Name of Corporation **BLIMPIE NEWPORT VENTURES, INC.**  
3. Street Address Principal Business Office  
**1775 The Exchange, Ste. 600**  
4. Business Phone No. **770-984-2700** 5. State of Incorporation **RHODE ISLAND**

City **Atlanta** State **GA** Zip **30339**  
6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real Estate Leasing Services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Jeffrey Endervelt**  
Street Address **1775 The Exchange, Ste. 600**  
City **Atlanta** State **GA** Zip **30339**

Vice President Name **Jeffrey Langfelder**  
Street Address **1775 The Exchange, Ste. 600**  
City **Atlanta** State **GA** Zip **30339**

Secretary Name **Cynthia S. Gillette**  
Street Address **1775 The Exchange, Ste. 600**  
City **Atlanta** State **GA** Zip **30339**

Treasurer Name **Brian Lane**  
Street Address **1775 The Exchange, Ste. 600**  
City **Atlanta** State **GA** Zip **30339**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Jeffrey Langfelder**  
Street Address **1775 The Exchange, Ste. 600**  
City **Atlanta** State **GA** Zip **30339**

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Director Name **Cynthia S. Gillette**  
Street Address **1775 The Exchange, Ste. 600**  
City **Atlanta** State **GA** Zip **30339**

Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**200 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**200 Common NO PAR VALUE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 8 7 7 8 \*

File Date: 3.27.03

Check No.: 1010

By: ICP

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Brian Lane 1/20/03  
Signature of Officer Date

Brian Lane  
Print or Type Name of Officer

Treasurer  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88778** 2. Name of Corporation **BLIMPIE NEWPORT VENTURES, INC.**  
3. Street Address Principal Business Office **1775 THE EXCHANGE, STE. 600**  
4. Business Phone No. **800-447-6256** 5. State of Incorporation **RHODE ISLAND**

City **ATLANTA** State **GA** Zip **30339**  
6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island

**real estate leasing services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **DAVID L. SIEGEL**  
Street Address **740 BROADWAY**  
City **NEW YORK** State **NY** Zip **10003**

Vice President Name **CHARLES LEANESS**  
Street Address **740 BROADWAY**  
City **NEW YORK** State **NY** Zip **10003**

Secretary Name **DAVID L. SIEGEL**  
Street Address **SAME AS ABOVE**  
City State Zip

Treasurer Name **BRIAN LANE**  
Street Address **1775 THE EXCHANGE, STE. 600**  
City **ATLANTA** State **GA** Zip **30339**

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **CHARLES LEANESS**  
Street Address **SAME AS ABOVE**  
City State Zip

Director Name **DAVID L. SIEGEL**  
Street Address **SAME AS ABOVE**  
City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**200 NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**0 NONE NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 8 7 7 8 \*

File Date: 2-11-02

Check No.: 1008

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1/10/02  
Signature of Officer Date

**BRIAN LANE**  
Print or Type Name of Officer

**TREASURER**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88778** 2. Name of Corporation **OLYMPIE NEWPORT VENTURES, INC.**

3. Street Address Principal Business Office City State Zip  
1775 The Exchange, Ste. 600 Atlanta GA 30339  
4. Business Phone No. 770) 984-2707 5. State of Incorporation RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

Real Estate Leasing Services

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Joseph Morgan</b> Street Address <b>740 Broadway</b> City State Zip <b>NY NY 10003</b>	Vice President Name <b>David L. Siegel</b> Street Address <b>740 Broadway</b> City State Zip <b>NY NY 10003</b>
Secretary Name <b>Patrick Pompeo</b> Street Address <b>740 Broadway</b> City State Zip <b>NY NY 10003</b>	Treasurer Name <b>Charles Leanness</b> Street Address <b>740 Broadway</b> City State Zip <b>NY NY 10003</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>David L. Siegel</b> Street Address <b>740 Broadway</b> City State Zip <b>NY NY 10003</b>	Director Name <b>Charles Leanness</b> Street Address <b>740 Broadway</b> City State Zip <b>NY NY 10003</b>
--	---

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**200 SHS NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NO SH**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 8 8 7 7 8 \*

**FILED**

File Date: **AUG 06 2001**

Check No.: **By [Signature]**

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**[Signature]** **4/6/01**  
Signature of Officer Date  
**David L. Siegel**  
Print or Type Name of Officer  
**Vice-president**  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88778** 2. Name of Corporation **BLIMPIE NEWPORT VENTURES, INC.**  
3. Street Address Principal Business Office **1775 The Exchange, Ste. 6000** City **Atlanta** State **GA** Zip **30339**  
4. Business Phone No. **(770) 984-2707** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Real Estate Leasing Services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Joseph Morgan</b>	Vice President Name <b>David L. Siegel</b>
Street Address <b>740 Broadway</b>	Street Address <b>740 Broadway</b>
City State Zip <b>New York NY 10003</b>	City State Zip <b>New York NY 10003</b>

Secretary Name <b>Patrick Pompeo</b>	Treasurer Name <b>Charles Leanness</b>
Street Address <b>740 Broadway</b>	Street Address <b>740 Broadway</b>
City State Zip <b>New York NY 10003</b>	City State Zip <b>New York NY 10003</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>David L. Siegel</b>	Director Name <b>Charles Leanness</b>
Street Address <b>740 Broadway</b>	Street Address <b>740 Broadway</b>
City State Zip <b>New York NY 10003</b>	City State Zip <b>New York NY 10003</b>

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**200 SHS NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 8 7 7 8 \*

**2/22/00**

File Date: \_\_\_\_\_

Check No.: **1002**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**[Signature]** **1-14-00**  
Signature of Officer Date  
**David L. Siegel**

Print or Type Name of Officer  
**Vice President/Director**  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>88778</b>		2. Name of Corporation <b>BLIMPIE NEWPORT VENTURES, INC.</b>			
3. Street Address Principal Business Office <b>1775 The Exchange, Suite 600</b>			City <b>Atlanta</b>	State <b>GA</b>	Zip <b>30339</b>
4. Business Phone No. <b>(212) 673-5900</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>5538</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Real Estate leasing services</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Joseph Morgan</b>			Vice President Name <b>David L. Siegel</b>		
Street Address <b>740 Broadway</b>			Street Address <b>740 Broadway</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10003</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10003</b>
Secretary Name <b>Patrick Pompeo</b>			Treasurer Name <b>Charles Leanness</b>		
Street Address <b>740 Broadway</b>			Street Address <b>740 Broadway</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10003</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10003</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>David L. Siegel</b>			Director Name <b>Charles Leanness</b>		
Street Address <b>740 Broadway</b>			Street Address <b>740 Broadway</b>		
City <b>New York</b>	State <b>NY</b>	Zip <b>10003</b>	City <b>New York</b>	State <b>NY</b>	Zip <b>10003</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>200 SHS NO PAR VALUE</b>			<b>NONE</b>		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
<b>NONE</b>			<b>NONE</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: Feb 19, 99  
Check No.: 100052  
By: [Signature]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2-1-99  
Signature of Officer Date  
**David L. Siegel**  
Print or Type Name of Officer  
**Vice - President**  
Title of Officer

Blimpie Newport Ventures, Inc. / ID # 88778

Additional Officers:

Charles G. Leanness    Vice President    740 Broadway, 12<sup>th</sup> Fl, New York, NY 10003



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1998  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 88778 2. Name of Corporation Blimpie Newport Ventures, Inc.  
3. Street Address Principal Business Office 1775 The Exchange, Suite 600 City Atlanta State Georgia Zip 30339  
4. Business Phone No. (770) 984-2707 5. State of Incorporation RHODE ISLAND 6. SIC Code 5538

7. Brief Description of the Character of Business Conducted in Rhode Island  
OPERATORS AND LESSORS OF BUILDINGS

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)   
President Name JOSEPH MORGAN Vice President Name DAVID L. SIEGEL  
Street Address 740 BROADWAY-12th FLOOR Street Address 740 BROADWAY - 12th FLOOR  
City NY State NY Zip 10003 City NY State NY Zip 10003

Secretary Name PATRICK POMPEO Treasurer Name CHARLES G. LEANESS  
Street Address 740 BROADWAY - 12th FLOOR Street Address 740 BROADWAY - 12th FLOOR  
City NY State NY Zip 10003 City NY State NY Zip 10003

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  
Director Name DAVID L. SIEGEL Director Name CHARLES G. LEANESS  
Street Address 740 BROADWAY - 12th FLOOR Street Address 740 BROADWAY - 12th FLOOR  
City NY State NY Zip 10003 City NY State NY Zip 10003

Director Name \_\_\_\_\_ Director Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)  
AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
200 SHS NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)  
ISSUED SHARES  
Number of Shares Class/Series Par Value  
200 N/A N/A

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 3/2  
Check No.: 1011  
By: KHO  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.  
[Signature] 2/24/98  
Signature of Officer Date  
DAVID L. SIEGEL  
Print or Type Name of Officer  
VICE-PRESIDENT  
Title of Officer

ADDITIONAL VICE-PRESIDENT:

CHARLES G. LEANESS  
740 BROADWAY - 12th FLOOR  
NEW YORK, NY 10003



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **88778** 2. Name of Corporation **BLIMPIE NEWPORT VENTURES, INC.**  
3. Street Address Principal Business Office **1775 THE EXCHANGE, SUITE 600** City **ATLANTA** State **GEORGIA** Zip **30339**  
4. Business Phone No. **770-984-2707** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **5538**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**REAL ESTATE LEASING SERVICES**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name <b>VACANT</b>	Vice President Name <b>DAVID L. SIEGEL</b>
Street Address	Street Address <b>740 BROADWAY</b>
City State Zip	City State Zip <b>NEW YORK NY 10003</b>
Secretary Name <b>CHARLGES G. LEANESS</b>	Treasurer Name <b>ROBERT S. SITKOFF</b>
Street Address <b>740 BROADWAY</b>	Street Address <b>1775 THE EXCHANGE, SUITE 600</b>
City State Zip <b>NEW YORK NY 10003</b>	City State Zip <b>ATLANTA GA 30339</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name <b>DAVID L. SIEGEL</b>	Director Name <b>CHARLES G. LEANESS</b>
Street Address <b>740 BROADWAY</b>	Street Address <b>740 BROADWAY</b>
City State Zip <b>NEW YORK NY 10003</b>	City State Zip <b>NEW YORK NY 10003</b>
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>200 SHS</b>	<b>NO PAR VALUE</b>		<b>200</b>	<b>N/A</b>	<b>NO PAR VALUE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 8 8 7 7 8 \*

File Date: 3.3.97  
Check No.: 1005  
By: lp

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature] Date: 2/28/97  
Print or Type Name of Officer: ROBERT S. SITKOFF  
Title of Officer: TREASURER