

DOCUMENT # 838793

1. Entity Name
DANIEL F. YOUNG, INCORPORATED

FILED
Aug 28, 2000 8:00 am
Secretary of State

08-28-2000 90061 014 ***550.00

Principal Place of Business
17 BATTERY PLACE
NEW YORK NY 10004-1101
US

Mailing Address
17 BATTERY PLACE
NEW YORK NY 10004-1101
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc. 8TH FLR

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip Country
Zip Country

4. FEI Number 13-5496410
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KEARNS, JOSEPH G. 17 BATTERY PLACE NEW YORK NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANIGAN, ROBERT J. 17 BATTERY PLACE NEW YORK NY	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MURO, NICHOLAS J 17 BATTERY PLACE NEW YORK NY 10004	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TRAYNOR, DENISE 17 BATTERY PLACE NEW YORK NY 10004	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BIEGEN, QUENTIN C. 2855 COOLIDGE ROAD TROY MI	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/CEO THOMAS F. MOSIMANN JR. 17 BATTERY PL 8TH N.Y. N.Y. 10004	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B S BERTA MCCANN 17 BATTERY PL 8TH N.Y. N.Y. 10004	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Peter Kelly 17 BATTERY PL 8TH N.Y. N.Y. 10004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 8/21/00
Daytime Phone #: 212-248-1700

CR2E034 (5/00)

Attachment
 838793
 D0072187
 DANIEL F. YOUNG, INC.
 17 BATTERY PLACE
 NEW YORK, NY 10004 NY
 Telephone (212) 248-1700

DEPARTMENT OF STATE
 New York

Page	1
Date	08/22/2000
Account	2399
Remittance	4629/0/1

Date	Type	Document No.	Reference	Description	Payment	Credit	Balance
08/22/2000	Inv	838793	8/00	13-5496410	550.00		550.00

If you have queries contact DENISE TRAYNOR

Cheque voucher number 83102, drawn on bank account :610-015125	550.00
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