

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90234 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F96000002204 (3) ✓
 1. Corporation Name

53/483 - 90234 - 1

BREI/IBIS INC.

Principal Place of Business **Mailing Address**
 c/o The Blackstone Group c/o The Blackstone Group
 345 Park Avenue, 31st Floor 345 Park Avenue, 31st Floor
 New York, N.Y. 10154 New York, N.Y. 10154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **2a. Mailing Address**
21 Suite, Apt. #, etc. **26** Suite, Apt. #, etc.
22 City & State **27** City & State
23 Zip **28** Zip **29** Country **30** Country

3. Date Incorporated or Qualified
 05/02/1996
4. FEI Number **Applied For**
 13-3889832 **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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
 CT 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARZMAN, STEPHEN A	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SAYLAK, THOMAS J	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ORBUCHE, STEVEN E	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WHITNEY, KENNETH C	
STREET ADDRESS	345 PARK AVENUE	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, PETER G	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLOGLY, MARK	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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 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, with all other like empowered.

SIGNATURE: *[Signature]* **04/26/99 212-583-5348**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)