

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2001 8:00 am
Secretary of State

03-08-2001 90102 036 ***150.00

0442895

DOCUMENT # F96000002204

1. Entity Name
BREI/IBIS INC.

Principal Place of Business
**C/O THE BLACKSTONE GROUP
 345 PARK AVENUE, 31ST FLOOR
 NEW YORK, NY 10154
 US**

Mailing Address
**C/O THE BLACKSTONE GROUP
 345 PARK AVENUE, 31ST FLOOR
 NEW YORK, NY 10154
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3889832**

Applied For
 Not Applicable

Zip Country

Zip Country

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 \$150.00
 After MAY 1, 2001 Fee will be \$550.00
 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	P	<input type="checkbox"/> Delete
NAME	SCHWARZMAN, STEPHEN A	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	V	<input type="checkbox"/> Delete
NAME	SUMERS, GARY M	
STREET ADDRESS	345 PARK AVENUE	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	V	<input type="checkbox"/> Delete
NAME	ORBUCH, STEVEN E	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	S	<input type="checkbox"/> Delete
NAME	WHITNEY, KENNETH C	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	C	<input type="checkbox"/> Delete
NAME	PETERSON, PETER G	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLOGLY, MARK	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY-ST-ZIP	NEW YORK NY 10154	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Mark Gallogly* **VICE PRESIDENT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2001
Date

(212) 583-5348
Daytime Phone #

CR2E034 (10/00)