

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

ENTR000
 AT

03-12-2002 90274 004 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # F96000002204
 1. Entity Name
BREIBIS 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
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 13-3889832	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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, 2002 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

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	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	
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	
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: Gary M. Sumers **Gary M. Sumers** **2/15/02** **(212) 583-5348**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)