

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90362 031 \*\*\*150.00

**FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F96000002204**  
 1. Entity Name  
 BREI/IBIS INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business C/O THE BLACKSTONE GROUP Suite, Apt. #, etc. 345 PARK AVENUE City & State NEW YORK, NY	3. Mailing Address C/O THE BLACKSTONE GROUP Suite, Apt. #, etc. 345 PARK AVENUE City & State NEW YORK, NY
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**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-3889832	Applied For Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)  
1200 SOUTH PINE ISLAND ROAD

City  
PLANTATION

FL

Zip Code  
33324

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. I am familiar with, and accept the obligations of registered agent.

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

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ORBUCH, STEVEN E 345 PARK AVENUE, 31ST FL NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V SUMERS, GARY M 345 PARK AVENUE, 31ST FL NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SCHWARZMAN, STEPHEN A 345 PARK AVENUE, 31ST FL NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WHITNEY, KENNETH C 345 PARK AVENUE, 31ST FL NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PETERSON, PETER G 345 PARK AVENUE, 31ST FL NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLOGLY, MARK 345 PARK AVENUE, 31ST FL NEW YORK, NY 10154	TITLE NAME STREET ADDRESS CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 10 or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Gary M Sumers **GARY M SUMERS** 4/28/03 (212) 583-5348  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)