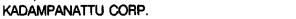
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (ÚBR) **DOCUMENT#**

F97000004175

1. Entity Name





## **FILED** Sep 03, 2003 8:00 am Secretary of State

09-03-2003 90020 035 \*\*\*558.75

			THE STATE OF THE S	1			
	ce of Business	Mailing Address			00.1 K 27 K K		
	ON AVE., 10TH FL 660 MADISON AVE., 10TH FL NEW YORK, NY, 10022			90153766			
NEW TORK'N	I Wee	ē~surusious¦us∷iosei ~ ∈			BORN BONN BONN BONN BORDS (1886)	Hara and Hara (1860)	
2. Principal Place of Business STA STREET 3. Mailing Address STA STRE					FM1)1 88111 88111 89111 81491 11911 1		
Suite Apt	#, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & Stat		NEW YORK	NY	4. FEI Number 13-347385	<b>10</b>	oplied For ot Applicable	
100 Z	Country A	10022	Country	5. Certificate of Status Desired	\$8.75 Add Fee Required		
	6. Name and Address of Current R	legistered Agent		7. Name and Address of New	Registered Agent		
CORPOR	ATION SERVICE COMPANY		Name				
1201 HAYS STREET			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
	SSEE FL 32301-2525			<del></del>			
· · · · · · · · · · · · · · · · · · ·			City		20.004		
· .			City		FL Zip Code		
8. The above the obligat	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registered office or registe	ered agent, or both, in the State of F	lorida. I am familiar with, a	and accept	
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE	: Registered Agent signature require	ed when reinstating)	DATE	<del></del>	
		<del></del>					
After Se	ILE NOWILL FEE IS \$550.00 ptember 10, 2003 Fee will be \$750.0 k Payable to Florida Department of	00		9. Election Campaign F Trust Fund Contributi		<b>0</b> May Be I to Fees	
10.	OFFICERS AND D		11.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS	3 IN 11	
TITLE	PC	☐ Delete	TITLE		☐ Change	Addition	
NAME	MCCOWN, JOHN D		NAME				
STREET ADDRESS CITY-ST-ZIP	660 MADISON AVE, 10TH FLOOR NEW YORK NY 10021		STREET ADDRESS CITY-ST-ZIP				
TITLE	SVP	☐ Delete	TITLE		☐ Change	☐ Addition	
NAME	GOTIMER, WILLIAM G JR	L_1 Delete	NAME			Addition	
STREET ADDRESS	660 MADISON AVE,		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10021		CITY-ST-ZIP			<del></del>	
TITLE	D DARKED MOLEAN MANOV	☐ Delete	TITLE	•	Change	☐ Addition	
NAME STREET ADDRESS	PARKER -MCLEAN, NANCY 660 MADISON AVE. 10TH FLOOR		NAME STREET ADDRESS	No.			
CITY-ST-ZIP	NEW YORK NY 10021		CITY-ST-ZIP				
TITLE	D	□ Delete	TITLE		☐ Change	Addition	
NAME	MENDENHALL, PATRICIA		NAME		_ •	_	
STREET ADDRESS	660 MADISON AVE, 10TH FLOOR		STREET ADDRESS				
CITY-ST-ZIP	NEW YORK NY 10021		CITY-ST-ZIP				
TITLE	D   MCLEAN, MALCOM P	Delete	TITLE		Change	☐ Addition	
NAME STREET ADDRESS	660 MADISON AVE 10TH FLOOR		NAME STREET ADDRESS	ن نوب بر	لة بنوا بشارتنجية إلىينييني		
CITY-ST-ZIP	NEW YORK NY 10021		CITY-ST-ZIP		- *		
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition	
NAME		_ Doloto	NAME		- Vilange	aamon	
STREET ADDRESS	_		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby of indicated	certify that the information supplied with to on this report or supplemental report is t	his filing does not qualify for rue and that m	the exemption stated in So	ection 119.07(3)(i), Florida Statutes same legal effect as if made under	. I further certify that the in	oformation	

of the corporation or the receiver of trustee empowered coexecute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**