

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91133 042 \*\*\*150.00

**DOCUMENT # P23603**

1. Entity Name  
**EAGLE STRATEGIES CORP.**

Principal Place of Business <del>335 MADISON AVENUE</del> <b>1180 Avenue of Americas</b> <del>SUITE 200</del> <b>3rd Floor</b> NEW YORK NY <del>10017</del> <b>10036</b> US	Mailing Address 51 MADISON AVE ROOM 2212 NEW YORK NY 10010 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-3475906</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
<b>C T CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City				<b>FL</b>	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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>PD</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MATHAS, THEODORE</b>		NAME	<b>See attached listing</b>	
STREET ADDRESS	<b>51 MADISON AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELISS, MITCHELL</b>		NAME		
STREET ADDRESS	<b>335 MADISON AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10017</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>O'BYRNE, JOHN H</b>		NAME		
STREET ADDRESS	<b>51 MADISON AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY</b>		CITY-ST-ZIP		
TITLE	<b>T</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CALHOUN, JAY S</b>		NAME		
STREET ADDRESS	<b>51 MADISON AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY</b>		CITY-ST-ZIP		
TITLE	<b>AS</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARRION, CATHERINE</b>		NAME		
STREET ADDRESS	<b>51 MADISON AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10010</b>		CITY-ST-ZIP		
TITLE	<b>V</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WARGA, THOMAS</b>		NAME		
STREET ADDRESS	<b>51 MADISON AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>NEW YORK NY 10010</b>		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 the like empowered.

SIGNATURE: Mark Gomez **Mark Gomez** 4/25/01 (612) 576-6910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)