**2000 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # 804598**

1. **Entity Name**
   
   C T CORPORATION SYSTEM

2. **Principal Place of Business**
   
   1633 BROADWAY
   NEW YORK NY 10001
   US

3. **Mailing Address**
   
   161 N CLARK ST
   SUITE 4800
   CHICAGO IL 60601-3213
   US

4. **FEI Number**
   
   51-0006522

5. **Certificate of Status Desired**
   
   □ $8.75 Additional Fee Required

6. **Name and Address of Current Registered Agent**

   **THE CORPORATION COMPANY**
   1200 S. PINE ISLAND ROAD
   PLANTATION FL 33324

7. **Name and Address of New Registered Agent**

8. **Signature**

   Signatures, typed or printed name of registered agent and state if applicable (NOTE: Registered Agent signature required when Registrar)

9. **FILE NOW!!! FEE IS $150.00**
   
   After May 1, 2000 Fee will be $550.00
   
   Make Check Payable to Department of State

10. **Election Campaign Financing**

    □ Trust Fund Contribution

11. **OFFICERS AND DIRECTORS**

    | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
    |-------|------|----------------|-------------|
    | D     | PETER VAN WEL | PO BOX 818 | AMSTERDAM THE NETHERLANDS |
    | D     | MCKINSTRY, NANCY | 1633 BROADWAY | NEW YORK NY 10019 |
    | D     | FUNKEN, DAVID L | 1209 ORANGE STREET | WILMINGTON DE |
    | D     | BRUCE C. LENZ | 161 N CLARK ST 46TH FLOOR | CHICAGO IL 60601 |
    | D     | HEALY, PETER F | 161 N CLARK ST STE 4800 | CHICAGO IL 60601 |
    | D     | GORDON, DALE C | 161 N CLARK ST STE 4800 | CHICAGO IL 60601 |

12. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

    | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |
    |-------|------|----------------|-------------|
    | □     | Hugh J. Yarrington | 161 N CLARK ST | CHICAGO IL 60601 |
    | □     | Christopher Cartwright | 111 8th Ave | NY NY 10011 |
    | □     | Bruce C. Lenz | 161 N CLARK ST | CHICAGO IL 60601 |

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 another line empowered.

**SIGNATURE:**

[Signatures]

**Date:** 4/20/00

**Daytime Phone #:** 312-425-7040

**FILED May 05, 2000 8:00 am**

**Secretary of State**

**05-05-2000 90035 038 ***150.00**