

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90096 002 ***150.00

DOCUMENT # 841056

1. Entity Name

REDA REALTY CORPORATION

Principal Place of Business

Mailing Address

NORTHSTAR PRESIDIO MANAGEMENT COMPANY LLC
411 W PUTNAM AVE. SUITE 270
GREENWICH CT 06830
US

NORTHSTAR PRESIDIO MANAGEMENT COMPANY LLC
411 W PUTNAM AVE. SUITE 270
GREENWICH CT 06830-6261
US

906549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

cto Presidio
Capital Corp. 5 Cambridge Center

3. Mailing Address

cto Presidio
Capital Corp. 5 Cambridge Center

Suite, Apt. #, etc.

9th Fl

Suite, Apt. #, etc.

9th Fl

City & State

Cambridge MA

City & State

Cambridge MA

4. FEI Number

13-2907171

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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, 2000 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: **PD** Delete
 NAME: **ROTHSCHILD, ALLAN B**
 STREET ADDRESS: **411 WEST PUTNAM AVE, SUITE 270**
 CITY-ST-ZIP: **GREENWICH CT 06830**

TITLE: **SVPC** Delete
 NAME: **SCHACHTER, LAWRENCE R**
 STREET ADDRESS: **411 WEST PUTNAM AVE, SUITE 270**
 CITY-ST-ZIP: **GREENWICH CT 06830**

TITLE: **SVPT** Delete
 NAME: **PAGANELLI, J P**
 STREET ADDRESS: **411 WEST PUTNAM AVE, SUITE 270**
 CITY-ST-ZIP: **GREENWICH CT 06830**

TITLE: **VP** Delete
 NAME: **HUMBER, CHARLES**
 STREET ADDRESS: **411 WEST PUTNAM AVE, SUITE 270**
 CITY-ST-ZIP: **GREENWICH CT 06830**

TITLE: **D** Delete
 NAME: **LUCAS, DALLAS E**
 STREET ADDRESS: **411 WEST PUTNAM AVE, SUITE 270**
 CITY-ST-ZIP: **GREENWICH CT**

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **President / Director** Change Addition
 NAME: **Michael Ashner**
 STREET ADDRESS: **Five Cambridge Center, 9th Fl**
 CITY-ST-ZIP: **Cambridge, MA 02142**

TITLE: **Vice President** Change Addition
 NAME: **Peter Blaverman**
 STREET ADDRESS: **Five Cambridge Center, 9th Fl**
 CITY-ST-ZIP: **Cambridge, MA 02142**

TITLE: **VPTreasurer / Secretary** Change Addition
 NAME: **Carolyn Tiffanel**
 STREET ADDRESS: **Five Cambridge Center, 9th Fl**
 CITY-ST-ZIP: **Cambridge, MA 02142**

TITLE: **Asst Secretary** Change Addition
 NAME: **Allison Forrester**
 STREET ADDRESS: **Five Cambridge Ctr, 9th Fl**
 CITY-ST-ZIP: **Cambridge, MA 02142**

TITLE: **Vice President** Change Addition
 NAME: **527 Madison Ave**
 STREET ADDRESS: **NY, NY 10022**

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst Secretary

Date

1/27/2000

Daytime Phone #

516 822 000

CR2E034 (9/99)