

**2001 UNIFORM BUSINESS REPORT (UBR)**

3/28

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90189 042 \*\*\*150.00

**DOCUMENT # F00000001153**

1. Entity Name  
**CHASE TREASURY TECHNOLOGIES CORPORATION**

Principal Place of Business <b>C/O THE CHASE MANHATTAN BANK                  270 PARK AVENUE - 35TH FLOOR                  NEW YORK NY 10017</b>	Mailing Address <b>C/O THE CHASE MANHATTAN BANK                  270 PARK AVENUE - 35TH FLOOR                  NEW YORK NY 10017</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>10410 Highland Manor Drive</b> Suite, Apt. #, etc.	3. Mailing Address <b>c/o The Chase Manhattan Bank</b> Suite, Apt. #, etc. <b>270 Park Avenue - 35th Floor</b>
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City & State <b>Tampa, Florida 33610</b>	City & State <b>New York, NY</b>	4. FEI Number <b>13-4102204</b>	<b>APPLIED FOR</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <b>33610</b>	Country <b>USA</b>	Zip <b>10017</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND ROAD                  PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (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) <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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>CASSESE, BENJAMIN P</b> <b>4 CHASE METROTECH CENTER, 23RD FLOOR</b> <b>NEW YORK NY 10017</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Cassese, Benjamin P.</b> <b>4 Chase Metrotech Center, 23rd Floor</b> <b>Brooklyn, New York 11245</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HRIK, LORRAINE E</b> <b>4 CHASE METROTECH CENTER, 23RD FLOOR</b> <b>NEW YORK NY 10017</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Irving I. Cohen</b> <b>4 Chase Metrotech Center, 23rd Floor</b> <b>Brooklyn, New York 11245</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WEBB, SUSAN J</b> <b>4 CHASE METROTECH CENTER, 23RD FLOOR</b> <b>NEW YORK NY 10017</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Lorraine E. Hricik</b> <b>4 Chase Metrotech Center, 23rd Floor</b> <b>Brooklyn, New York 11245</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SPRAGINS, MELCHIAH JR.</b> <b>4 CHASE METROTECH CENTER, 10TH FLOOR</b> <b>NEW YORK NY 10017</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Susan J. Webb</b> <b>4 Chase Metrotech Center, 23rd Floor</b> <b>Brooklyn, NY 11245</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ZUTTER, JOHN D JR.</b> <b>1 CHASE MANHATTAN PLAZA, 10TH FLOOR</b> <b>NEW YORK NY 10081</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Melchijah Spragins, Jr.</b> <b>4 Chase Metrotech Center, 10th Floor</b> <b>Brooklyn, New York 11245</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>GOTTLIEB, RICHARD M</b> <b>1 CHASE MANHATTAN PLAZA, 25TH FLOOR</b> <b>NEW YORK NY 10081</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>J</b> <b>Secretary</b> <b>Robert C. Carroll</b> <b>270 Park Avenue, 35th Floor</b> <b>New York, NY 10017</b>

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 empowered.

SIGNATURE: Robert C. Carroll 3/22/01 212/270-3902  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)