

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90230 046 ***150.00

DOCUMENT # F01000005542

1. Entity Name

DOUGLAS COLONNADE SPE CORP.

Principal Place of Business

**C/O COLONNADE PROPERTIES LLC
 ONE ROCKEFELLER PLACE, STE 2300
 NEW YORK NY 10020**

Mailing Address

**C/O COLONNADE PROPERTIES LLC
 ONE ROCKEFELLER PLACE, STE 2300
 NEW YORK NY 10020**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**02-0533901
 APPLIED FOR**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**AMERICAN INFORMATION SERVICES INC.
 ONE SE THIRD AVE. 28TH FLOOR
 MIAMI FL 33131**

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, 2002 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	DP	<input type="checkbox"/> Delete
NAME	SAMBUCCO, JOSEPH	
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	DCEO	<input type="checkbox"/> Delete
NAME	TAYLOR, PAUL E III	
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	DV	<input type="checkbox"/> Delete
NAME	MANEY, MICHAEL H	
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	MANEY, MICHAEL H	
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	VUKOVICH, KAREN	
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	DRIESSEN, DAWN M	
STREET ADDRESS	ONE ROCKEFELLER PLACE SUITE 2300	
CITY-ST-ZIP	NEW YORK NY 10020	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul E. Taylor
CEO

4/23/02

Date

(212) 632-6800

Daytime Phone #

CR2E034 (9/01)