

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002271

1. Entity Name

SCHIEFFELIN PARTNER INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90094 004 ***150.00

Principal Place of Business 2 PARK AVE. SUITE 1830 NEW YORK NY 10016 US	Mailing Address 2 PARK AVE. SUITE 1830 NEW YORK NY 10016-9301 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-3423809	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI FL 33156

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 _____ (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"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CAMPBELL, COLIN		NAME	
STREET ADDRESS 30 AVENUE HOCHÉ		STREET ADDRESS	
CITY-ST-ZIP 75008 PARIS, FRANCE		CITY-ST-ZIP	
TITLE DPT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME INGRAM, BRUCE G		NAME	
STREET ADDRESS 2 PARK AVE., STE. 1830		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10016		CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LEVIN, ANNA H		NAME FIRESTONE, LOUISE	
STREET ADDRESS 2 PARK AVE., STE. 1830		STREET ADDRESS 2 PARK AVE., STE. 1830	
CITY-ST-ZIP NEW YORK NY 10016		CITY-ST-ZIP NEW YORK, NY 10016	
TITLE V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FOLKMAN, MICHAEL		NAME	
STREET ADDRESS 2 PARK AVENUE, STE 1830		STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY 10016		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: LOUISE FIRESTONE **Firestone** 1/20/00 212 340 7488
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #