

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-01-2000 90007 038 ***150.00

DOCUMENT # F94000006680

1. Entity Name
TRANSATLANTIC GROUP-DELAWARE INC.

Principal Place of Business 4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160	Mailing Address C/O EDDIE TRUMP 4000 ISLAND BLVD. NORTH MIAMI BEACH FL 33160-5203
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0445090		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST., #105 TALLAHASSEE FL 32301				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	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUMP, JULIUS			NAME			
STREET ADDRESS	4000 ISLAND BLVD.			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TRUMP, EDDIE			NAME			
STREET ADDRESS	4000 ISLAND BLVD.			STREET ADDRESS			
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160			CITY-ST-ZIP			
TITLE	EVP	<input type="checkbox"/> Delete		TITLE	WTR	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LIEB, JAMES M			NAME			
STREET ADDRESS	C/O THE TRUMP GROUP 4000 ISLAND BLVD.			STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33160			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ROBERT			NAME			
STREET ADDRESS	20 ADELAIDE ST., E., #200			STREET ADDRESS			
CITY-ST-ZIP	TORONTO CANADA M5C 2T6			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VAN RIEMSDIJK, GERRIT			NAME			
STREET ADDRESS	BAHN STRASSE 41			STREET ADDRESS			
CITY-ST-ZIP	9494 SCHAAN, LEICHTENSTEIN			CITY-ST-ZIP			
TITLE	AVP	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TORPEY, CARITE			NAME			
STREET ADDRESS	C/O TRUMP GROUP, 4000 ISLAND BLVD			STREET ADDRESS			
CITY-ST-ZIP	N MIAMI BEACH FL 33160			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: *Carite L. Torpey* **AVP** Date: *4/25/00* Daytime Phone #: *932-390-9400*

CR2E034 (9/99)