

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 20, 2002 8:00 am
Secretary of State

02-20-2002 90073 006 ***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**



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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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	<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	

3. 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 Torpey* **SIGNATURE REQUIRED** 1/18/02 732-390-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Carite Torpey Assistant Vice President

CR2E034 (9/01)