

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91499 042 \*\*\*150.00

**DOCUMENT # F95000004808**

1. Entity Name  
**SALOMON REINVESTMENT COMPANY INC.**

Principal Place of Business

**388 GREENWICH STREET  
 NEW YORK NY 10013  
 US**

Mailing Address

**7 WORLD TRADE CENTER  
 28 FLOOR  
 NEW YORK NY 10048  
 US**

2. Principal Place of Business

3. Mailing Address

**333 W. 34th St**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Tax Dept- 4th fl**

City & State

City & State

**New York, NY**

Zip

Country

Zip

Country

**10001**

4. FEI Number

**13-3845724**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C.T. CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
**P**  
 NAME **KELLY, WILLIAM**  
 STREET ADDRESS **388 GREENWICH STREET**  
 CITY-ST-ZIP **NEW YORK NY 10013**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**D**  
 NAME **HOROWITZ, GEDALE B**  
 STREET ADDRESS **7 WORLD TRADE CENTER**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **388 Greenwich St**  
 CITY-ST-ZIP **New York, NY 10013**

TITLE  Delete  
**D**  
 NAME **KLEINMAN, MARK**  
 STREET ADDRESS **388 GREENWICH STREET**  
 CITY-ST-ZIP **NEW YORK NY 10013**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
**EVP**  
 NAME **JARROW, AJAJ**  
 STREET ADDRESS **390 GREENWICH STREET**  
 CITY-ST-ZIP **NEW YORK NY 10013**

TITLE  Change  Addition  
 NAME **marc Sabino**  
 STREET ADDRESS **390 Greenwich St**  
 CITY-ST-ZIP **New York, NY 10013**

TITLE  Delete  
**T**  
 NAME **ANZEL, KEITH**  
 STREET ADDRESS **7 WORLD TRADE CENTER**  
 CITY-ST-ZIP **NEW YORK NY 10048**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **333 W. 34th St**  
 CITY-ST-ZIP **New York, NY 10001**

TITLE  Delete  
**S**  
 NAME **ALTER, ANDREW W**  
 STREET ADDRESS **7 WORLD TRADE CENTER**  
 CITY-ST-ZIP **NEW YORK NY**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS **250 West St**  
 CITY-ST-ZIP **New York, NY 10013**

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: **Keith Anzel** 4/29 10a

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Treasurer**

CRZE034 (9/01)