

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90229 036 \*\*\*150.00

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** F96000002205 (O) ✓  
 1. Corporation Name

IBIS/REC INC.

Principal Place of Business	Mailing Address
c/o The Blackstone Group 345 Park Avenue, 31st Floor New York, N.Y. 10154	c/o The Blackstone Group 345 Park Avenue, 31st Floor New York, N.Y. 10154

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

3. Date Incorporated or Qualified	Applied For
05/02/1996	Not Applicable
4. FEI Number	
13-3889831	
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation owes the current year Intangible Personal Property Tax.	Yes <input type="checkbox"/> No <input type="checkbox"/>

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL. 33324

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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


12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SCHWARZMAN, STEPHEN A	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SAYLAK, THOMAS J	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ORBUCHE, STEVEN E	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WHITNEY, KENNETH C	
STREET ADDRESS	345 PARK AVENUE	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	PETERSON, PETER G	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GALLOGLY, MARK	
STREET ADDRESS	345 PARK AVENUE, 31ST FLOOR	
CITY - ST - ZIP	NEW YORK, N.Y. 10154	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  04/26/99 212-583-5348  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)