

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90020 035 ***150.00

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DOCUMENT # F96000002899

1. Entity Name
TJG HOLDINGS, INC.



Principal Place of Business
**% TGM ASSOCIATES LP.
650 FIFTH AVE., 28TH FL.
NEW YORK NY 10019**

Mailing Address
**% TGM ASSOCIATES LP.
650 FIFTH AVE., 28TH FL.
NEW YORK NY 10019**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3614233**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PSD GOCHBERG, THOMAS**
STREET ADDRESS **650 FIFTH AVE., 28TH FL.**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VAS GOCHBERG, LEATRICE**
STREET ADDRESS **650 FIFTH AVE., 28TH FL.**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **VAS GOCHBERG, JOHN**
STREET ADDRESS **650 FIFTH AVE., 28TH FL.**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SVP MEICHELBECK, PAUL V**
STREET ADDRESS **650 FIFTH AVE 28TH FL**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE Change Addition
NAME **SVP MICHAEL FRAZZETTA**
STREET ADDRESS **650 FIFTH AVENUE 28TH FL**
CITY-ST-ZIP **NEW YORK, NY 10019**

TITLE Delete
NAME **VP HEIN, DIANA**
STREET ADDRESS **650 FIFTH AVE., 28TH FL.**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SVP PICKARSKI, ANDREW**
STREET ADDRESS **650 FIFTH AVE., 28TH FL.**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE Change Addition
NAME **SVP Pickarski, Andrew**
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Michael Frazzetta*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-30-03** Daytime Phone # **(212) 830-9336**

CR2E034 (10/02)