

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000003990

1. Entity Name

TG HOLDINGS OF DELAWARE, INC.

FILED
May 01, 2000 8:00 am
Secretary of State
05-01-2000 90007 040 ***150.00

Principal Place of Business

Box 186
BRUNSWICK NJ 08816

Mailing Address

PO BOX 186
EAST BRUNSWICK NJ 08816-0186



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 22-3333138

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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, 2000 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	VSTD	TITLE	
NAME	LIEB, JAMES M	NAME	
STREET ADDRESS	PO BOX 186	STREET ADDRESS	
CITY-ST-ZIP	EAST BRUNSWICK NJ	CITY-ST-ZIP	
TITLE	CD	TITLE	
NAME	TRUMP, JULIUS	NAME	
STREET ADDRESS	4000 ISLAND BLVD PH #2	STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL	CITY-ST-ZIP	
TITLE	CD	TITLE	
NAME	TRUMP, EDDIE	NAME	
STREET ADDRESS	4000 ISLAND BLVD PH #2	STREET ADDRESS	
CITY-ST-ZIP	WILLIAMS ISLAND FL	CITY-ST-ZIP	
TITLE	AVP	TITLE	
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	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(8)(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 full other like empowered.

SIGNATURE: Carite L. Torpey, AVP

4/25/00

132.390.9400

Signature and Typed or Printed Name of Signing Officer or Director

Date

Daytime Phone #

CR2E034 (9/99)