

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 20, 2000 8:00 am**  
**Secretary of State**

04-20-2000 90034 024 \*\*\*155.00

**DOCUMENT # F98000002951**

1. Entity Name  
**THE NEW YORK LAW PUBLISHING COMPANY**

|  |   |
|--|---|
| Principal Place of Business<br><b>345 PARK AVE. SOUTH<br/>         NEW YORK NY 10010</b> | Mailing Address<br><b>345 PARK AVE. SOUTH<br/>         NEW YORK NY 10010-1707</b> |
|--|---|

UUUJJJLL



DO NOT WRITE IN THIS SPACE

|  |  |
|--|--|
| 2. Principal Place of Business<br><i>(Same as above)</i> | 3. Mailing Address<br><i>(Same as Above)</i> |
| Suite, Apt. #, etc.                                      | Suite, Apt. #, etc.                          |

|   |              |                                       |  |
|---|--------------|---------------------------------------|--|
| City & State  | City & State | 4. FEI Number<br><b>13-3273851</b>    | Applied For<br><input type="checkbox"/> Not Applicable |
| Zip   | Country      | Zip                                   | Country  |
| 5. Certificate of Status Desired <input type="checkbox"/> |              | <b>\$8.75 Additional Fee Required</b> |  |

|   |  |
|---|--|
| <b>6. Name and Address of Current Registered Agent</b>  | <b>7. Name and Address of New Registered Agent</b> |
| <b>C T CORPORATION SYSTEM</b><br><b>1200 SOUTH PINE ISLAND ROAD</b><br><b>PLANTATION FL 33324</b> | Name   |
|   | Street Address (P.O. Box Number is Not Acceptable) |
|   | City   |
|   | State <b>FL</b> 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 \_\_\_\_\_ (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) <input type="checkbox"/> | <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After MAY 1, 2000 Fee will be \$550.00</b><br><b>Make Check Payable to Department of State</b> | 10. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|---|---|---|

| 11. OFFICERS AND DIRECTORS                     |  | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|--|--|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DP</b><br><b>POLLAK, WILLIAM L</b><br><b>20 GARDEN RIDGE</b><br><b>CHAPPAQUA NY 10514</b>             | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVS</b><br><b>BAGARIA, ANUP</b><br><b>106 CENTRAL PARK SOUTH APT. 10N</b><br><b>NEW YORK NY 10019</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **R. KOSDRACK** Date: **4-3-00** Daytime Phone #: **212-545-5962**

CR2E034 (9/99)