

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P11712

FILED
Feb 04, 2002 8:00 AM
Secretary of State

Entity Name: TRANSAMMONIA, INC.

Current Principal Place of Business:

400 NORTH AHSLEY DR
STE 1900
TAMPA, FL 336024326 US

New Principal Place of Business:

Current Mailing Address:

400 NORTH ASHLEY DR
STE 1900
TAMPA, FL 336024326 US

New Mailing Address:

FEI Number: 13-2679131

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD () Delete
Name: STANTON, RONALD P.,
Address: 350 PARK AVENUE
City-St-Zip: NEW YORK, NY

Title: VP () Delete
Name: BERMAN, LAWRENCE H
Address: 350 PARK AVENUE
City-St-Zip: NEW YORK, NY

Title: SVPD () Delete
Name: LOWENFELS, FRED M.,
Address: 350 PARK AVENUE
City-St-Zip: NEW YORK, NY

Title: VPDC () Delete
Name: WEINER, EDWARD G
Address: 350 PARK AVENUE
City-St-Zip: NEW YORK, NY

Title: D () Delete
Name: STANTON, OLIVER K.
Address: 350 PARK AVE
City-St-Zip: NEW YORK, NY

Title: VP () Delete
Name: KOEBBE, GARY
Address: 350 PARK AVENUE
City-St-Zip: NEW YORK, NY

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LOVETT, ROBERT C
Address: 350 PARK AVENUE
City-St-Zip: NEW YORK, NY 10022 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRED M. LOWENFELS

SVPD

02/04/2002

Electronic Signature of Signing Officer or Director

Date