

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2002 8:00 am**  
**Secretary of State**

08-27-2002 90114 027 \*\*\*550.00

**DOCUMENT # P40710**

1. Entity Name  
**RCMP MANAGEMENT, INC.**

Principal Place of Business <b>ATTN: LESLEY BENJAMIN</b> <b>% THE RELATED COMPANIES, 625 MADISON AVE.</b> <b>NEW YORK NY 10022</b>	Mailing Address <b>ATTN: LESLEY BENJAMIN</b> <b>% THE RELATED COMPANIES, 625 MADISON AVE.</b> <b>NEW YORK NY 10022</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-3644948</b>	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE FL 32301</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<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. 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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>C</b>	<input type="checkbox"/> Delete	TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WINE, DAVID J.</b>		NAME	<b>Wine, David J.</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>		STREET ADDRESS	<b>625 Madison Ave.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>		CITY-ST-ZIP	<b>New York NY 10022</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete	TITLE	<b>D VPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCGUIRE, SUSAN J.</b>		NAME	<b>Ross Stephen M.</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>		STREET ADDRESS	<b>625 Madison Ave.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>		CITY-ST-ZIP	<b>New York NY 10022</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROSS, STEPHEN M.</b>		NAME	<b>Gamache, Tim</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>		STREET ADDRESS	<b>625 Madison Ave.</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>		CITY-ST-ZIP	<b>New York NY 10022</b>	
TITLE	<b>EVP</b>	<input type="checkbox"/> Delete	TITLE	<b>RVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRENNER, MICHAEL</b>		NAME	<b>Kimble, Tami Caldwell</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>		STREET ADDRESS	<b>625 Madison Ave</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>		CITY-ST-ZIP	<b>New York NY 10022</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete	TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BLAU, JEFF T</b>		NAME	<b>Lipton, Lawrence</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>		STREET ADDRESS	<b>625 Madison Ave</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>		CITY-ST-ZIP	<b>New York NY 10022</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>AS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BRODSKY, JEFFREY</b>		NAME	<b>Lutz, Richard</b>	
STREET ADDRESS	<b>625 MADISON AVENUE</b>		STREET ADDRESS	<b>625 Madison Ave</b>	
CITY-ST-ZIP	<b>NEW YORK NY 10022</b>		CITY-ST-ZIP	<b>New York NY 10022</b>	

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 REQUIRED *[Signature]* Date: **8/22/2002** Daytime Phone #: **212 421 5333**

CR2E034 (4/02)

Attachment  
# P40710

976374

ATTACHMENT TO THE 2002 UNIFORM BUSINESS REPORT

DOCUMENT # P40710

ENTITY NAME:  
RCMP MANAGEMENT, INC.

Additions

Title: Reg. VP  
Name: Pinero, Hector  
Street Address: 625 Madison Avenue  
~~City-State-Zip Code: New York, NY 10022~~

Title: AS  
Name: Rash, Edwin Thomas  
Street Address: 625 Madison Avenue  
City-State-Zip Code: New York, NY 10022

Title: VP  
Name: Salusbury, Daria  
Street Address: 625 Madison Avenue  
City-State-Zip Code: New York, NY 10022

Title: VP  
Name: Scurfield, Sherry  
Street Address: 625 Madison Avenue  
City-State-Zip Code: New York, NY 10022

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