

# 2000 UNIFORM BUSINESS REPORT (UBR)

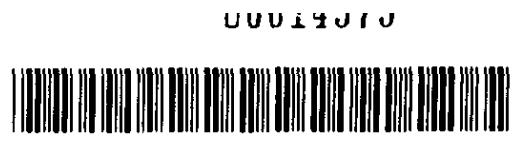
**FILED**  
**Feb 05, 2000 8:00 am**  
**Secretary of State**

02-05-2000 90030 022 \*\*\*150.00

**DOCUMENT # P92000002643**

1. Entity Name  
**QRS 11-12 (FL), INC.**

Principal Place of Business <b>50 ROCKEFELLER PLAZA NEW YORK NY 10020</b>	Mailing Address <b>50 ROCKEFELLER PLAZA NEW YORK NY 10020-1605</b>
2. Principal Place of Business <b>50 ROCKEFELLER PLAZA</b>	3. Mailing Address <b>50 ROCKEFELLER PLAZA</b>
Suite, Apt. #, etc. <b>2ND FLOOR</b>	Suite, Apt. #, etc. <b>2ND FLOOR</b>
City & State <b>NEW YORK, NY</b>	City & State <b>NEW YORK, NY 10020-1605</b>
Zip <b>10020</b>	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		7. Name and Address of New Registered Agent 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.

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)

**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>CD CAREY, WILLIAM P 50 ROCKEFELLER PLAZA NEW YORK NY 10020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PLEASE SEE COMPLETE ATTACHED LIST</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P CAREY, H. AUGUSTUS 50 ROCKEFELLER PLAZA NEW YORK NY 10020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RUDER, WILLIAM R 50 ROCKEFELLER PLAZA NEW YORK NY 10020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D TOWNSEND, CHARLES C JR 50 ROCKEFELLER PLAZA NEW YORK NY 10020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T PARK, JOHN J 50 ROCKEFELLER PLAZA NEW YORK NY 10020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>2VP CUERRERO, YASMEN 50 ROCKEFELLER PLAZA NEW YORK NY 10020</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: *Yasmen Cuerrero* **1/7/00** **(212) 492-1100**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #