

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2000 8:00 am**  
**Secretary of State**

03-24-2000 90104 011 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

**DOCUMENT # P97000054991**  
 1. Entity Name  
**SAVANNAH MGP CORP.**

Principal Place of Business ATTN: ROBERT T. MICHAELSON 156 W 56TH STREET, 12TH FLOOR NEW YORK NY 10019	Mailing Address ATTN: ROBERT T. MICHAELSON 156 W 56TH STREET, 12TH FLOOR NEW YORK NY 10019-3800
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2. Principal Place of Business c/o Norman G. Orodener <del>Tillinghast Licht Perkins</del> Suite, Apt. #, etc.	3. Mailing Address c/o Norman G. Orodener <del>Tillinghast Licht Perkins</del> Suite, Apt. #, etc.
10 Weybosset St., 10th Floor	10 Weybosset St., 10th Floor

City & State <b>Providence, RI</b>	City & State <b>Providence, RI</b>	4. FEI Number <b>13-4009154</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>02903-2818</b>	Country <b>UCS</b>	Zip <b>02903-2818</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent <b>SAIA, CHRISTOPHER H</b> <b>200 SOUTH BISCAYNE BLVD SUITE 2500</b> <b>MIAMI FL 33131-2336</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
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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> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ALTMAN, RONALD</b> <b>C/O WAM, 156 W. 56TH ST., 12TH FLOOR</b> <b>NEW YORK NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Daniel Cohen</b> <b>One Kenney Drive</b> <b>Cranston, RI 02920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MICHAELSON, ROBERT T</b> <b>C/O WAM, 156 W. 56TH ST., 12TH FLOOR</b> <b>NEW YORK NY</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Daniel Cohen</b> <b>One Kenney Drive</b> <b>Cranston, RI 02920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>GANG, MARTIN</b> <b>C/O WAM, 156 W. 56TH ST., 12TH FLOOR</b> <b>NEW YORK NY</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Douglas Brown</b> <b>One Kenney Drive</b> <b>Cranston, RI 02920</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Norman G. Orodener</b> <b>10 Weybosset St., 10th Floor</b> <b>Providence, RI 02903</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bernard Schretter</b> <b>115 Constitution Boulevard</b> <b>Franklin, MA 02038</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Joel Poretsky</b> <b>405 Lexington Avenue</b> <b>New York, NY 10174</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: Norman G. Orodener Secretary **3/16/00** 401-456-1200ext. 333  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)