

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90084 029 \*\*\*150.00

0572561 AT

**DOCUMENT # P97000054991**

1. Entity Name  
**SAVANNAH MGP CORP.**

Principal Place of Business      Mailing Address

**C/O NORMAN G ORODENKER**      **C/O NORMAN G ORODENKER**  
**10 WEYBOSSET ST. -10TH FLR**      **10 WEYBOSSET ST. -10TH FLR**  
**PROVIDENCE RI 02903-2818**      **PROVIDENCE RI 02903-2818**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For

**13-4009154**       Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SAIA, CHRISTOPHER H**  
**200 SOUTH BISCAYNE BLVD SUITE 2500**  
**MIAMI FL 33131-2336**

7. Name and Address of New Registered Agent

Name **AXELROD, ALAN D.**

Street Address (P.O. Box Number is Not Acceptable)  
**2500 FIRST UNION FINANCIAL CENTER**

City **MIAMI**      FL      Zip Code **33131**

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 \_\_\_\_\_ 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. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COHEN, DANIEL</b> <b>ONE KENNEY DR</b> <b>CRANSTON RI 02920</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>COHEN, DANIEL</b> <b>ONE KENNEY DR</b> <b>CRANSTON RI 02920</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>BROWN, DOUGLAS</b> <b>ONE KENNEY DR</b> <b>CRANSTON RI 02920</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>ORODENKER, NORMAN G</b> <b>10 WEYBOSSET ST -10TH FLR</b> <b>PROVIDENCE RI 02903</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHRETTER, BERNHARD</b> <b>115 CONSTITUTION BLVD</b> <b>FRANKLIN MA 02038</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PORETSKY, JOEL</b> <b>405 LEXINGTON AVE</b> <b>NEW YORK NY 10174</b>	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Norman G. Orodenger* **NORMAN G. ORODENKER**      1/2/02      401-956-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)