

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002205

1. Entity Name

IBIS/REC INC.

Principal Place of Business

C/O THE BLACKSTONE GROUP
345 PARK AVENUE, 31ST FLOOR
NEW YORK NY 10154

Mailing Address

C/O THE BLACKSTONE GROUP
345 PARK AVENUE, 31ST FLOOR
NEW YORK NY 10154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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, 2001 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 VTD
NAME SAYLAK, THOMAS J
STREET ADDRESS 345 PARK AVENUE, 31ST FLOOR
CITY-ST-ZIP NEW YORK NY 10154 ☐ Delete

TITLE V
NAME ORBUCH, STEVEN E
STREET ADDRESS 345 PARK AVENUE, 31ST FLOOR
CITY-ST-ZIP NEW YORK NY 10154 ☐ Delete

TITLE V
NAME SUMERS, GARY M
STREET ADDRESS 345 PARK AVENUE
CITY-ST-ZIP NEWYORK NY 10154 ☐ Delete

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VICE PRESIDENT

3/1/2001

Date

(212) 583-5348

Daytime Phone #

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3889831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required