

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90221 020 ***150.00

DOCUMENT # 827906



1. Entity Name
EDEN PARK MANAGEMENT, INC.

Principal Place of Business
**22 HOLLAND AVE
ALBANY NY 12209**

Mailing Address
**22 HOLLAND AVE
ALBANY NY 12209**

10000380



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 **14-1515566** Applied For
Not Applicable

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CRARY, LAWRENCE E III
555 COLORADO AVENUE, STE. 1
STUART FL 34994**

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. 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	MCDONALD, JEFF	
STREET ADDRESS	22 HOLLAND AVE	
CITY-ST-ZIP	ALBANY, NY 00000	
TITLE	PTD	<input type="checkbox"/> Delete
NAME	MENDLESON, ALTON P, JR	
STREET ADDRESS	22 HOLLAND AVE	
CITY-ST-ZIP	ALBANY, NY 00000	
TITLE	CD	<input type="checkbox"/> Delete
NAME	HOFFMAN, SCOTT H	
STREET ADDRESS	22 HOLLAND AVE	
CITY-ST-ZIP	ALBANY NY	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GLOCK, ROBERT	
STREET ADDRESS	22 HOLLAND AVE	
CITY-ST-ZIP	ALBANY, NY 00000	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SMITH, MORTON	
STREET ADDRESS	11 MARTINE AVE	
CITY-ST-ZIP	WHITE PLAINS NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASSISTANT SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alton P. Mendleson Jr.* 1/6/03 T REAS.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)