

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840807

1. Entity Name

IR-OAK CORP.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90096 006 ***150.00

Principal Place of Business

Mailing Address

C/O NORTHSTAR PRESIDIO MGMT CO. LLC
411 WEST PUTNAM AVE. SUITE 270
GREENWICH CT 06830
US

C/O NORTHSTAR PRESIDIO MGMT CO. LLC
411 WEST PUTNAM AVE. SUITE 270
GREENWICH CT 06830-6261
US



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

Capital Corp., 5 Cambridge Ctr.

Capital Corp., 5 Cambridge Ctr.

Suite Apt. #, etc.

Suite Apt. #, etc.

9th Fl

9th Fl

City & State

City & State

Cambridge, MA

Cambridge, MA

Zip

Zip

02142

02142

Country

Country

USA

USA

4. FEI Number

13-0849736

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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, 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	P	<input checked="" type="checkbox"/> Delete
NAME	SABELLA, RICHARD	
STREET ADDRESS	411 WEST PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	SVP	<input checked="" type="checkbox"/> Delete
NAME	SCHACHTER, LAWRENCE R.	
STREET ADDRESS	411 WEST PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	ROTHSCHILD, ALLAN B.	
STREET ADDRESS	411 WEST PUTNAM AVE SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	HUMKER, CHARLES	
STREET ADDRESS	411 WEST PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VPTS	<input checked="" type="checkbox"/> Delete
NAME	REARDON, KEVIN	
STREET ADDRESS	411 WEST PUTNAM AVE, SUITE 270	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Ashner	
STREET ADDRESS	Five Cambridge Ctr, 9th Fl.	
CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Peter Braverman	
STREET ADDRESS	Five Cambridge Ctr, 9th Fl	
CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	VP/Treasurer/Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn Tiffany	
STREET ADDRESS	Five Cambridge Ctr, 9th Fl	
CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	Asst Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Allison Forester	
STREET ADDRESS	Five Cambridge Ctr, 9th Fl	
CITY-ST-ZIP	Cambridge, MA 02142	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 errors corrected.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)