

2000 UNIFORM BUSINESS REPORT (UBR)

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

01-31-2000 90096 003 ***150.00

DOCUMENT # 840823
 1. Entity Name
SPRAIN REALTY CORPORATION

Principal Place of Business Mailing Address
 C/O NORTHSTAR PRESIDIO MGMT CO INC C/O NORTHSTAR PRESIDIO MGMT CO INC
 STE 270 411 W PUTNAM AVE STE 270 411 W PUTNAM AVE
 GREENWICH CT 06830 GREENWICH CT 06830-6261
 US US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business *C/O Presidio Capital Corp, 5 Cambridge Center*
 Suite, Apt. #, etc. *9th Fl.*
 City & State *Cambridge, MA*
 Zip *02142* Country *USA*

3. Mailing Address *C/O Presidio Capital Corp, 5 Cambridge Ctr*
 Suite, Apt. #, etc. *9th Fl*
 City & State *Cambridge, MA*
 Zip *02142* Country *USA*

4. FEI Number **13-2945436** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
THE PRENTICE HALL CORPORATION SYSTEM
 1201 HAYS ST.
 STE. 105
 TALLAHASSEE FL 32301

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 _____ 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, 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHSCHILD, ALAN B 411 W. PUTNAM AVE #270 GREENWICH CT 06830 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPC SCHACHTER, LAWRENCE R 411 W. PUTNAM AVE #270 GREENWICH CT 06830 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT PAGANELLI, J P 411 W. PUTNAM AVE #207 GREENWICH CT 06830 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUMBER, CHARLES 411 W. PUTNAM AVE #207 GREENWICH CT 06830 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, DALLAS E 411 W. PUTNAM AVE #207 GREENWICH CT <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Michael Ashner Five Cambridge Center, 9th Fl Cambridge, MA 02142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Peter Braverman Five Cambridge Center, 9th Fl Cambridge MA 02142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President/Treasurer Carolyn Hill Five Cambridge Center, 9th Fl Cambridge, MA 02142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst Secretary Alison Forster Five Cambridge Ctr - 9th Fl Cambridge MA 02142 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President 507 Madison Ave. NY, NY 10022 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Alison Forster* Date: *1/17/2000* Daytime Phone #: *516 822 0022*

CR2E034 (9/99)