

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

2. Principal Place of Business *C/O Presidio Capital Corp, 5 Cambridge Ctr*
 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*



DO NOT WRITE IN THIS SPACE

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 _____ (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	PD	<input checked="" type="checkbox"/> Delete	TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHSCHILD, ALAN B		NAME	Michael Ashner	
STREET ADDRESS	411 W. PUTNAM AVE #270		STREET ADDRESS	Five Cambridge Center, 9th Fl	
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHACHTER, LAWRENCE R		NAME	Peter Braverman	
STREET ADDRESS	411 W. PUTNAM AVE #270		STREET ADDRESS	Five Cambridge Center, 9th Fl	
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	SVPT	<input checked="" type="checkbox"/> Delete	TITLE	Vice President/Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGANELLI, J P		NAME	Carolyn Hill	
STREET ADDRESS	411 W. PUTNAM AVE #207		STREET ADDRESS	Five Cambridge Ctr, 9th Fl	
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMBER, CHARLES		NAME	Alison Forkster	
STREET ADDRESS	411 W. PUTNAM AVE #207		STREET ADDRESS	Five Cambridge Ctr - 9th Fl	
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	D	<input type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCAS, DALLAS E		NAME	527 Madison Ave.	
STREET ADDRESS	411 W. PUTNAM AVE #207		STREET ADDRESS	NY, NY 10022	
CITY-ST-ZIP	GREENWICH CT		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Alfonso* Date: *1/17/2000* Daytime Phone #: *516 822 0022*

CR2E034 (9/99)