


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

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91440 028 ***150.00

DOCUMENT #845202	
1. Entity Name PW IDLEWILD CORPORATION	

Principal Place of Business 1000 HARBOR BLVD WEEHAWKEN, NJ 07087	Mailing Address 1000 HARBOR BLVD WEEHAWKEN, NJ 07087
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2. Principal Place of Business 800 Harbor Blvd Suite, Apt. #, etc. Tax Dept 1st Floor City & State Weehawken, NJ Zip 07086 Country USA	3. Mailing Address 800 Harbor Blvd Suite, Apt. #, etc. Tax Dept 1st Floor City & State Weehawken, NJ Zip 07086 Country USA
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☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when resigning.) **DATE** _____

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	
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	PHANCANJAY, PAI M
STREET ADDRESS	1000 HARBOR BOULEVARD
CITY-ST-ZIP	WEEHAWKEN, NJ 07087
TITLE	S <input type="checkbox"/> Delete
NAME	LAUGHLING, EILEEN M
STREET ADDRESS	1000 HARBOR BLVD.
CITY-ST-ZIP	WEEHAWKEN, NJ 07087
TITLE	AT <input type="checkbox"/> Delete
NAME	LEVINE, KEN
STREET ADDRESS	1000 HARBOR BOULEVARD
CITY-ST-ZIP	WEEHAWKEN, NJ 07087
TITLE	VPAS <input checked="" type="checkbox"/> Delete
NAME	DYER, STEPHEN R
STREET ADDRESS	1000 HARBOR BOULEVARD
CITY-ST-ZIP	WEEHAWKEN, NJ 07087
TITLE	AS <input type="checkbox"/> Delete
NAME	BENYAI, GERALDINE L
STREET ADDRESS	1000 HARBOR BLVD
CITY-ST-ZIP	WEEHAWKEN, NJ 07087
TITLE	VPAT <input checked="" type="checkbox"/> Delete
NAME	CLAPP, ANDREW TODD
STREET ADDRESS	1000 HARBOR BLVD
CITY-ST-ZIP	WEEHAWKEN, NJ 07087

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Dyer
STREET ADDRESS	800 Harbor Blvd
CITY-ST-ZIP	Weehawken, NJ 07086
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800 Harbor Blvd
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800 Harbor Blvd
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Assistant Treasurer
STREET ADDRESS	Lou Devico
CITY-ST-ZIP	800 Harbor Blvd Weehawken, NJ 07086

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: _____ **201-352-0559**

Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2034 (10/02)

UBS PAINWEBBER INC.

ATTACHMENT

845202/80113273

* 800 Harbor Boulevard * Tax Dept-1st Floor * Weehawken, NJ 07086 *

CERTIFIED MAIL #: _____

04/29/2003

DEPT OF STATE
DIV OF CORPS/ANN. RPT FILINGS
P.O. BOX 1500
TALLAHASSEE , FL 32302-1500

Re: PW Idlewild Corporation
FEIN: 13-3020129

Gentlemen:

On behalf of the above captioned company, we are enclosing the following return:

ANNUAL REPORT - RETURN

Enclosed also is a check in the amount of \$ 150.00 in payment of the indicated liability.

Should you have any questions regarding this filing please feel free to contact State Tax Manager, Louis DeVico at (201) 352-0559.

Very truly yours,

Kevin Mosby