

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91174 023 ***150.00

DOCUMENT # 848673

1. Entity Name

TDC CORP. of FLORIDA

Principal Place of Business

Mailing Address

375 HUDSON STREET
 New York, NY 10014

SAME

A0071278

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

13-3088213

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

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!!!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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	D	<input type="checkbox"/> Delete
NAME	THOMAS C. LEPPERT	
STREET ADDRESS	901 MAIN ST.	
CITY-ST-ZIP	DALLAS, TX 75202	
TITLE	D, P, CEO, COB	<input type="checkbox"/> Delete
NAME	ROBERT E. FEE	
STREET ADDRESS	375 HUDSON ST.	
CITY-ST-ZIP	New York, NY 10014	
TITLE	D, C, ASST. S	<input type="checkbox"/> Delete
NAME	MICHAEL J. MURPHY	
STREET ADDRESS	901 MAIN ST.	
CITY-ST-ZIP	DALLAS, TX 75202	
TITLE	VP, T	<input type="checkbox"/> Delete
NAME	DONALD G. Sleeman	
STREET ADDRESS	901 Main ST.	
CITY-ST-ZIP	DALLAS, TX 75202	
TITLE	VP, S	<input type="checkbox"/> Delete
NAME	LORI V. WILLOX	
STREET ADDRESS	901 Main ST.	
CITY-ST-ZIP	DALLAS, TX 75202	
TITLE	ASST. S	<input type="checkbox"/> Delete
NAME	RAFAEL A. TOLENTINO	
STREET ADDRESS	375 HUDSON ST.	
CITY-ST-ZIP	New York, NY 10014	

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	
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STREET ADDRESS	
CITY-ST-ZIP	
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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 15, 2001 (212) 229-6000
 Date Daytime Phone #

CR2E034 (11/00)