

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857257

1. Entity Name

BAY MANAGEMENT CORP. (OF DELAWARE)

FILED
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90048 024 ***158.75

Principal Place of Business
645 MADISON AVE
NEW YORK, N.Y. 10022

Mailing Address
645 MADISON AVE
NEW YORK, N.Y. 10022-1010

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 13-2665595

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

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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
NICHOLSON, RONALD A.
1016 FIFTH AVENUE
NEW YORK NY



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Swain, Douglas S.
138 Pine Street
Medfield, MA 02052



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
SWAIN, DOUGLAS S.
8 LEDGE TREE RD.
MEDFIELD MA



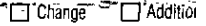
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Swain, Douglas S.
138 Pine Street
Medfield, MA 02052



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPS
NICHOLSON, JAMES A.
354 WHIPPOORWILL ROAD
CHAPPAQUA NY



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
TROTTER, RONALD P.
140 POND HOUSE RD
N SMITHFIELD RI 02896



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
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TITLE
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:

Ronald A. Nicholson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

1-19-00

212-355-6850

Ronald A. Nicholson

Daytime Phone #