

2000 UNIFORM BUSINESS REPORT (UBR)

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

02-05-2000 90048 024 ***158.75

DOCUMENT # 857257

1. Entity Name

BAY MANAGEMENT CORP. (OF DELAWARE)

Principal Place of Business

Mailing Address

645 MADISON AVE
 NEW YORK, N.Y. 10022

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 Applied For

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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:

Ronald A. Nicholson
NOTARIAL SIGNATURE REQUIRED

President

1-19-00

212-355-6850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ronald A. Nicholson

Daytime Phone #