

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90781 006 ***158.75

DOCUMENT # 857257

1. Entity Name

BAY MANAGEMENT CORP. (OF DELAWARE)



Principal Place of Business

**645 MADISON AVE
NEW YORK NY 10022**

Mailing Address

**645 MADISON AVE
NEW YORK NY 10022**

2. Principal Place of Business

117 West 72nd Street

3. Mailing Address

117 West 72nd Street

Suite, Apt. #, etc.

Suite 5W

Suite, Apt. #, etc.

Suite 5W

City & State

New York, NY

City & State

New York, NY 10023

Zip

10023

Country

USA

Zip

10023

Country

USA

4. FEI Number

13-2665595

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 **PTD** ☐ Delete
NAME **NICHOLSON, RONALD A.**
STREET ADDRESS **1018 FIFTH AVENUE**
CITY-ST-ZIP **NEW YORK NY**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE REQUIRED

Vice President

3-5-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)