

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 857349

1. Entity Name

CHASE CORPORATE SERVICES, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90090 022 ***150.00

Principal Place of Business A CHASE MANHATTAN PLAZA NEW YORK NY 10081 US	Mailing Address 52 BROADWAY, 3RD FLOOR NEW YORK NY 10004-1609 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 13-2781984	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	
TITLE	P <input type="checkbox"/> Delete
NAME	GAGE, JOHN E
STREET ADDRESS	1 CHASE PLAZA
CITY-ST-ZIP	NEW YORK NY 10081
TITLE	EVP <input type="checkbox"/> Delete
NAME	DANOWITZ, MARTIN
STREET ADDRESS	450 W 33RD ST
CITY-ST-ZIP	NEW YORK NY 10001
TITLE	SVP <input type="checkbox"/> Delete
NAME	CLARK, MICHAEL
STREET ADDRESS	450 W-33RD-ST
CITY-ST-ZIP	NEW YORK NY 10001
TITLE	SVP <input type="checkbox"/> Delete
NAME	KOZAK, CONRAD
STREET ADDRESS	450 W 33RD ST
CITY-ST-ZIP	NEW YORK NY 10001
TITLE	VPAC <input type="checkbox"/> Delete
NAME	MISTRY, MAYA
STREET ADDRESS	52 BROADWAY
CITY-ST-ZIP	NEW YORK NY 10004
TITLE	VPAC <input type="checkbox"/> Delete
NAME	SIMEONE, RICHARD
STREET ADDRESS	450 W 33RD
CITY-ST-ZIP	NEW YORK NY 10004

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
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	
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: *John E. Gage* **JOHN E. GAGE** DATE: 1/18/00 DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)