

# 2000 UNIFORM BUSINESS REPORT (UBR)

# REINSTATEMENT 2000

DOCUMENT # **A12914**

1. Entity Name  
**EMI ONE LTD.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -9 PM 1:02

*mf*

Principal Place of Business  
P.O. BOX 7066 - TAX DEPT.  
INDIANAPOLIS IN 46207

Mailing Address  
P.O. BOX 7066 - TAX DEPT.  
INDIANAPOLIS IN 46207



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>13-3172851</b>		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>C T CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION FL 33324</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$152,788,465.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>SAME</b>	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P28188	STREET ADDRESS	
NAME	200 SOUTH BISCAYNE CORP	CITY-ST-ZIP	000003479860--3
STREET ADDRESS	305 E. 47TH STREET		11/29/00 01058 001
CITY-ST-ZIP	NEW YORK NY		****100.00 ****100.00
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	000003479860--3
STREET ADDRESS			-11/29/00--01058--002
CITY-ST-ZIP			****926.25 ****926.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

10-11-00

Date

Daytime Phone #

CR2E003 (5/00)