

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F00000002583**1. Entity Name
MOTIVANO INC.FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 OCT 16 PM 12:35



DO NOT WRITE IN THIS SPACE

Principal Place of Business 230 PARK AVENUE, 10TH FLOOR NEW YORK NY 10169		Mailing Address 230 PARK AVENUE, 10TH FLOOR NEW YORK NY 10169	
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 52-2211932		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1291 HAYS STREET TALLAHASSEE FL 32301-2525		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

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. 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	PSD THRASHER, ELIZABETH 230 PARK AVENUE, 10TH FLOOR NEW YORK NY 10169 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Director / EVP Sharon VANBAAREN 230 Park Avenue, 10th floor New York, NY 10169 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAGHIRI, SEIF ST. ANDREWS HOUSE, 20 ST. ANDREWS STREET LONDON ECAA, 3TL, ENGLAND ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Director / EVP Mark Keck 230 Park Avenue, 10th floor New York, NY 10169 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/01

Date

646-435-5910

Daytime Phone #

0132132 AT

10/5/01 10:03:03