

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90021 008 ****61.25

0057234

DOCUMENT # F00000006365

1. Entity Name

TGM FOUNTAIN VIEW INC.

Principal Place of Business

C/O TGM ASSOCIATES L.P.
 650 FIFTH AVENUE, 28TH FLOOR
 NEW YORK NY 10019

Mailing Address

C/O TGM ASSOCIATES L.P.
 650 FIFTH AVENUE, 28TH FLOOR
 NEW YORK NY 10019

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

13-4140409

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
1201 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOCHBERG, THOMAS	
STREET ADDRESS	650 FIFTH AVE., 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	EV	<input type="checkbox"/> Delete
NAME	MACY, STEVEN C	
STREET ADDRESS	650 FIFTH AVE., 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	MACY, STEVEN C	
STREET ADDRESS	650 FIFTH AVE., 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	S	<input type="checkbox"/> Delete
NAME	HEIN, DIANA R	
STREET ADDRESS	650 FIFTH AVE., 28TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Andrew Piekarski	
STREET ADDRESS	650 Fifth Ave - 28th Fl	
CITY-ST-ZIP	New York NY 10019	
TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul V Merchelbeck	
STREET ADDRESS	650 Fifth Ave - 28th Fl	
CITY-ST-ZIP	New York NY 10019	

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 617, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/02 (212) 830-9300

CR2E037 (9/01)