

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

0574983 AT

DOCUMENT # F01000002528

1. Entity Name
SBLI USA DIVERSIFIED SERVICES COMPANY, INC.

03-05-2002 90087 022 ***150.00

Principal Place of Business Mailing Address
460 WEST 34TH STREET, SUITE 800 **460 WEST 34TH STREET, SUITE 800**
NEW YORK NY 10001-2320 **NEW YORK NY 10001-2320**



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

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-4133465** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH 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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PRYOR, VIKKI L 460 WEST 34TH STREET, SUITE 800 NEW YORK NY 10001-2320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MCINTOSH, DENNIS M.W. 460 WEST 34TH STREET, SUITE 800 NEW YORK NY 10001-2320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VASD TUCKER, KERRY Y 460 WEST 34TH STREET, SUITE 800 NEW YORK NY 10001-2320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ALI, M. NASIM 460 WEST 34TH STREET, SUITE 800 NEW YORK NY 10001-2320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BODOSSIAN, ARMEN 460 WEST 34TH STREET, SUITE 800 NEW YORK NY 10001-2320 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VSD Walsh, David J. 460 West 34th Street, Suite 800 New York, NY 10001-2320

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: David J. Walsh **2/15/02** **212-356-0336**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)