

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90187 022 ***150.00

DOCUMENT # **F01000005099**

1. Entity Name
5858 INTERNATIONAL DRIVE HOTEL INC.



Principal Place of Business
**C/O JP MORGAN CHASE
52 BROADWAY, 3RD FLOOR
NEW YORK NY 10004-1669**

Mailing Address
**C/O JP MORGAN CHASE
52 BROADWAY, 3RD FLOOR
NEW YORK NY 10004-1669**

JUUUUUUU



2. Principal Place of Business
575 Washington Blvd.

3. Mailing Address
575 Washington Blvd.

Suite, Apt. #, etc.
21floor

Suite, Apt. #, etc.
21floor

City & State
Jersey City, NJ 07310

City & State
Jersey City, NJ 07310

CHECK HERE IF MAKING CHANGES

4. FEI Number **13-4190003**

Applied For
 Not Applicable

Zip Country
**07310 USA
New Jersey**

Zip Country
07310 USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003, Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONAGH, JOHN P 380 MADISON AVENUE, 9TH FLOOR NEW YORK NY 10017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRINGTON, JOSEPH S JR. 380 MADISON AVENUE, 9TH FLOOR NEW YORK NY 10017	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANDERS, CURTIS O 52 BROADWAY, 3RD FLOOR NEW YORK NY 10004-1669	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CAMPBELL, KENTON A 52 BROADWAY, 3RD FLOOR NEW YORK NY 10004-1669	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCDONAGH, JOHN P 270 PARK AVE, 20TH FLOOR New York, NY 10017	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARRINGTON, JOSEPH S, JR. 270 PARK AVE., 20TH FLOOR NEW YORK, NY 10017	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARIE Y. JOSEPH 575 WASHINGTON BLVD., 21FLOOR JERSEY CITY, NJ 07310	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENTON A. CAMPBELL 575 WASHINGTON BLVD., 21FLOOR NEW YORK, NY 07310	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OGLE, DOUGLAS T 575 WASHINGTON BLVD, 21FLOOR JERSEY CITY, NJ 07310	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 607, 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: *Kent A. Campbell* **01/17/2003** **201-595-6870**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)