

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

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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

Zip
07310

Country
USA

Zip
07310

Country
USA

4. FEI Number **13-4190003**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MCDONAGH, JOHN P	
STREET ADDRESS	380 MADISON AVENUE, 9TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HARRINGTON, JOSEPH S JR.	
STREET ADDRESS	380 MADISON AVENUE, 9TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	SANDERS, CURTIS O	
STREET ADDRESS	52 BROADWAY, 3RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10004-1669	
TITLE	T	<input type="checkbox"/> Delete
NAME	CAMPBELL, KENTON A	
STREET ADDRESS	52 BROADWAY, 3RD FLOOR	
CITY-ST-ZIP	NEW YORK NY 10004-1669	
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 11

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

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:

S. Kenton A. Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/2003
Date

201-595-6870
Daytime Phone #

CR2E034 (10/02)