

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90126 006 ***150.00

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1. Entity Name
TAUNUS CORPORATION

Principal Place of Business
**31 WEST 52ND STREET. MAIL STOP NYC09-0810
NEW YORK NY 10019**

Mailing Address
**31 WEST 52ND STREET. MAIL STOP NYC09-0810
NEW YORK NY 10019**



2. Principal Place of Business
31 West 52nd Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
New York, NY

City & State

4. FEI Number
13-4060471

Applied For
Not Applicable

Zip Country
10019 USA

Zip Country

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

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

Signature, typed or printed name of registered agent and title if applicable.

(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 **D** ☐ Delete
NAME **BARNARD, DOUGLAS R**
STREET ADDRESS **31 WEST 52ND STREET**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **AS** ☐ Change ☒ Addition
NAME **Sonja K. Olsen**
STREET ADDRESS **31 West 52nd Street**
CITY-ST-ZIP **New York NY 10019**

TITLE **D** ☐ Delete
NAME **CURTIS, RICHARD W**
STREET ADDRESS **31 WEST 52ND STREET**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DT** ☐ Delete
NAME **FERGUSON, RICHARD W**
STREET ADDRESS **31 WEST 52ND STREET**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DP** ☐ Delete
NAME **WAUGH, SETH H**
STREET ADDRESS **31 WEST 52ND STREET**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **BYRNE, JAMES T JR**
STREET ADDRESS **31 WEST 52ND STREET**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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.

Sonja K. Olsen

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary

212-469-0019

Date

Daytime Phone #

CR2E034 (10/02)