2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000004339

Entity Name: THE METROPOLITAN MUSEUM OF ART INCORPORATED

FILED Apr 25, 2003 Secretary of State

Current Pri	ncipal Place	of Business:	New Principal Place of Business:			
1000 FIFTH AVE. NEW YORK, NY 10028						
Current Mailing Address:			New Mailing Address:			
1000 FIFTH AVE. NEW YORK, NY 10028						
FEI Number:	13-1624086	FEI Number Applied For () FEI Num	nber Not Applic	cable ()	Certificate of	Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US						
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:						
	Electron	ic Signature of Registered Agent	Date			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	C () HOUGHTON, JA 1000 FIFTH AVE NEW YORK, NY	≣.	Title: Name: Address: City-St-Zip:	() (Change () Ad	dition
Title: Name: Address: City-St-Zip:	VC () GILBERT, S. PA 1000 FIFTH AVE NEW YORK, NY	≣ .	Title: Name: Address: City-St-Zip:	() (Change () Ad	dition
Title: Name: Address: City-St-Zip:	D () DE LA RENTA, A 1000 FIFTH AVE NEW YORK, NY	≣.	Title: Name: Address: City-St-Zip:	VC (X) DE LA RENTA, A 1000 FIFTH AVE NEW YORK, NY	Ξ .	dition
Title: Name: Address: City-St-Zip:	D () ROSENWALD, I 1000 FIFTH AVE NEW YORK, NY	≣ .	Title: Name: Address: City-St-Zip:	VC (X) ROSENWALD, E 1000 FIFTH AVE NEW YORK, NY	Ξ.	dition
Title: Name: Address: City-St-Zip:	P () DE MONTEBELI 1000 FIFTH AVE NEW YORK, NY	≣ .	Title: Name: Address: City-St-Zip:	()(Change () Ad	dition
Title: Name: Address: City-St-Zip:	VP () MCKINNEY, DAY 1000 FIFTH AVE NEW YORK, NY	≣.	Title: Name: Address: City-St-Zip:	VP (X) COTT, SHARON 1000 FIFTH AVE NEW YORK, NY	Ξ .	dition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARON H. COTT VP 04/25/2003

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