## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1818 MARKET STREET. 28TH FLOOR

## DOCUMENT # F0200005044

1. Entity Name

Principal Place of Business

1818 MARKET STREET. 28TH FLOOR

RAIT BAYSIDE MANAGER, INC.



## FILED Mar 10, 2003 8:00 am Secretary of State

03-10-2003 90128 002 \*\*\*150.00

CFICFORD

PRICADELPHI	A FA 19103	PHILAUELPHIA PA 1	भारत						
								)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			$\dashv$	CHECK HERE IF MAKING CHANGES			
Cian R Can	A		<del></del>						
City & Sta	ie .	City & State	City & State			A016537APPLIED FOR	$\vdash$	Applied For Not Applicable	
Zip Country		Zip	Countr	Country			. \$8.75		
			<u>                                    </u>		5.	Certificate of Status Desired -	Fee Requ	ired	
	6. Name and Address of Current F	Registered Agent		Nama	7. 1	Name and Address of New Registe	red Agent		
ANIANDOE NA PRADICTA FOO				Name					
MUNROE, W. BRADLEY ESQ. 239 E. VIRGINIA STREET				Street Address (P.O. Box Number is Not Acceptable)					
		•	-	***					
TALLAHASSEE FL 32301								<u> </u>	
				City FL Zip Code					
8. The above	e named entity submits this statement for	the purpose of changir	ng its registered	office or reg	istered ag	ent, or both, in the State of Florida. I	am familiar wit	h, and accept	
trie obliga	tions of registered agent.								
SIGNATURE		_				·····			
1.,4	Signature, typed or printed name of registered agent ar	nd title if applicable.	(NOTE: Registered A	Agent signature rec	quired when re	einstating) D/	ATE		
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing		00	
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Trust Fund Contribution.	~~	.00 May Be led to Fees	
10.									
TITLE	OFFICERS AND C	Delete	11.	<u> </u>	AD	DITIONS/CHANGES TO OFFICERS			
NAME	COHEN, BETSY Z	☐ Desete	NAME				[_] Change	e	
STREET ADDRESS	1818 MARKET STREET, 28TH FLOOR		STREET	ADDRESS	IESS				
CITY-ST-ZIP	PHILADELPHIA PA 19103			T-ZIP	,			+	
TITLE	DP	☐ Delete T					☐ Change	Addition	
NAME	SCHAEFFER, SCOTT F		NAME						
STREET ADDRESS CITY-ST-ZIP	1010 MARKET STREET, ZOTH FLOOR		STREET ADDRESS CITY-ST-ZIP						
OTLE	THE DECEMBER 18 18 18 18 18 18 18 18 18 18 18 18 18			1-212	<del>,</del>	<u> </u>	- A67		
NAME	VST DISTEFANO, ELLEN J	☐ Delete	TITLE Name		,	•	Change	Addition	
STREET ADDRESS	1818 MARKET STREET, 28TH FLO	OB		ADDRESS					
CITY-ST-ZIP	PHILADELPHIA PA 19103	OII	CITY-S1	T-ZIP					
TTLE		☐ Delete	TITLE	D	T		☐ Change	Addition	
IAME			NAME	Ho	hnard	P. Treatman			
TREET ADDRESS SITY-ST-ZIP			STREET .			restruct street			
ITLE				17	nuade	olphia, PA 19103		e-h	
AME		☐ Delete	: TITLE NAME	4,	ha I	- Curcu	☐ Change		
TREET ADORESS				ADDRESS   8	31 Ci	- Curry hestnot Street			
ITY-ST-ZIP		•	CITY-ST	-ZIP	rilad	elphia PA 19103			
ITLE		☐ Delete	TITLE				☐ Change	Addition	
AME			NAME	}				•	
Treet address ITY-ST-ZIP				ADDRESS :					
l	portify that the information are like and the		CITY-ST		•				
■ THEFEDY C	ertify that the information supplied with the	is filing does not qualif	y for the exemp	tion stated in	Section 1	19.07(3)(i), Florida Statutes. I further	certify that the	information	

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 obsurate 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 be executed 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 a doglers, with all other like empowered.

SIGNATURE:

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

3303

Daytime Phone #