

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

**FILED**  
**Aug 26, 2003 8:00 am**  
**Secretary of State**

08-26-2003 90023 039 \*\*\*550.00

0118114 AT

**DOCUMENT # F93000002447**

1. Entity Name  
**IR PINE CORP.**



Principal Place of Business  
**C/O PRESIDIO CAPITAL CORP.  
7 BULFINCH PLACE, STE. 500  
BOSTON MA 02114  
US**

Mailing Address  
**C/O PRESIDIO CAPITAL CORP.  
7 BULFINCH PLACE, STE. 500  
BOSTON MA 02114  
US**



2. Principal Place of Business  
**670 White Plains Rd.  
Suite # 305**

3. Mailing Address  
**670 White Plains Rd.  
Suite # 305**

City & State  
**Scarsdale NY**

City & State  
**Scarsdale NY**

Zip Country  
**10583 USA**

Zip Country  
**10583 USA**

CHECK HERE IF MAKING CHANGES

4. FEI Number **13-2757115**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
STE. 105  
TALLAHASSEE FL 32301**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **8/21/03**

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>ASHNER, MICHAEL</b> <b>% PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE</b> <b>BOSTON MA 02114-9507</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>BRAVERMAN, PETER</b> <b>% PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE</b> <b>BOSTON MA 02114-9507</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VST</b> <b>TIFFANY, CAROLYN</b> <b>% PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE</b> <b>BOSTON MA 02114-9507</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VAS</b> <b>SWEENEY, LARA</b> <b>% PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE</b> <b>BOSTON MA 02114-9507</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT</b> <b>STAPLES, TOM</b> <b>% PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE</b> <b>BOSTON MA 02114-9507</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>FORRESTER, ALLISON</b> <b>% PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE</b> <b>BOSTON MA 02114-9507</b>	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>MAIPAD Rabina</b> <b>670 White Plains Rd #305</b> <b>Scarsdale, NY 10583</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <b>ALVIN Sartor</b> <b>670 White Plains Rd. #305</b> <b>Scarsdale, NY 10583</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary/Treasurer</b> <b>Thomas H. Vogel</b> <b>670 White Plains Rd. #305</b> <b>Scarsdale, NY 10583</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **8/21/03**

DAYTIME PHONE # **914-722-4400**

CFR2E034 (4/03)