

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000002968

1. Entity Name

TWIN OAK CENTER CORP.

FILED
Jan 31, 2000 8:00 am
Secretary of State

01-31-2000 90096 004 ***150.00

Principal Place of Business

Mailing Address

411 WEST PUTNAM AVENUE, SUITE 270
GREENWICH CT 06830

411 WEST PUTNAM AVENUE, SUITE 270
GREENWICH CT 06830-6261



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Capital Corp., 5 Cambridge Ctr

3. Mailing Address
Capital Corp., 5 Cambridge Ctr

Suite, Apt. #, etc.
9th FL

Suite, Apt. #, etc.
9th FL

City & State
Cambridge, MA

City & State
Cambridge, MA

Zip
02142 Country
USA

Zip
02142 Country
USA

4. FEI Number 13-3179022

Applied For
Not Applicable

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

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

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTHCHILD, ALLAN B 411 WEST PUTNAM AVENUE, SUITE 270 GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFV SCHACHTER, LAWRENCE R 411 WEST PUTNAM AVENUE, SUITE 270 GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PAGANELLI, J. PETER 411 WEST PUTNAM AVENUE, SUITE 270 GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, DALLAS E 411 WEST PUTNAM AVENUE, SUITE 270 GREENWICH CT 06830	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KING, DAVID 411 WEST PUTNAM AVENUE, SUITE 270 GREENWICH CT 06830	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Michael Ashner Five Cambridge Center, 9th FL Cambridge, MA 02142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Peter Graverman Five Cambridge 9th FL Cambridge, MA 02142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT Treasurer/Secretary Carolyn Tiffany Five Cambridge Center, 9th FL Cambridge, MA 02142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President 527 Madison Ave NY, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President 527 Madison Ave NY, NY 10022	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst. Secretary Julison Forrester Five Cambridge Ctr, 9th FL Cambridge, MA 02142	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(4), 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 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)