

FILED
Aug 29, 2003 8:00 am
Secretary of State

08-29-2003 90094 045 ***550.00

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

DOCUMENT # F93000003223

1. Entity Name
MIF SPONSOR INC.



Principal Place of Business
**260 LONG RIDGE RD.
STAMFORD, CT 06927**

Mailing Address
**GE CAPITAL REAL ESTATE ATTN: NORA RYAN
292 LONG RIDGE ROAD
STAMFORD, CT 06927 US**

2. Principal Place of Business
292 Long Ridge Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Stamford, CT

City & State

4. FEI Number
06-1326460

Applied For
☐ Not Applicable

Zip
06927

Country
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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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's signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$650.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
**AT
AMATO, JOHN
777 LONG RIDGE RD
STAMFORD, CT 06927** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Jane K. Alpert
292 Long Ridge Road
Stamford, CT 06927** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
CASSIDY, KATHRYN
201 LONG RIDGE RD.
STAMFORD, CT 06927** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Stewart Koenigsberg
292 Long Ridge Road
Stamford, CT 06927** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
PFEIFFER, ROBERT
292 LONG RIDGE RD.
STAMFORD, CT 06927** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
Robert E. Pfeiffer
292 Long Ridge Road
Stamford, CT 06927** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
WHEELLESS, BRUCE
292 LONG RIDGE RD.
STAMFORD, CT 06927** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Brian Sacco
600 Summer Street
Stamford, CT 06927** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCBD
HENRY, D B
260 LONG RIDGE ROAD
STAMFORD, CT 06927** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
Brian Sacco
600 Summer Street
Stamford, CT 06927** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Nora D. Ryan
292 Long Ridge Road
Stamford, CT 06927** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**AS
Nora D. Ryan
292 Long Ridge Road
Stamford, CT 06927** ☐ Change ☒ 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: Nora D. Ryan, Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08/25/03 203-357-4754

Date Daytime Phone #

CR2E034 (10/02)