

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000003340

1. Entity Name
RAM FUNDING, INC.

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

01-31-2000 90096 010 ***150.00

Principal Place of Business Mailing Address
NORTHSTAR PRESIDIO MANAGEMENT COMPANY LLC NORTHSTAR PRESIDIO MANAGEMENT COMPANY LLC
411 WEST PUTNAM AVENUE, SUITE 270 411 WEST PUTNAM AVENUE, SUITE 270
GREENWICH CT 06830 GREENWICH CT 06830-6261
US US

906541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
Capital Corp. 50 Presidio Capital Corp. 50 Presidio
Five Cambridge Center Five Cambridge Center
9th Fl. 9th Fl.
City & State City & State
Cambridge, MA Cambridge, MA
Zip Country Zip Country
02142 USA 02142 USA

4. FEI Number 13-3294840 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.
STE. 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 _____ (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	P/D	<input checked="" type="checkbox"/> Delete	TITLE	President/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROTHSCHILD, ALLAN B		NAME	Michael Ashner	
STREET ADDRESS	411 WEST PUTNAM AVENUE, SUITE 270		STREET ADDRESS	Five Cambridge Center, 9th Fl.	
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	SVPC	<input checked="" type="checkbox"/> Delete	TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHACHTER, LAWRENCE R		NAME	Peter Braverman	
STREET ADDRESS	411 WEST PUTNAM AVENUE, SUITE 270		STREET ADDRESS	Five Cambridge Ctr, 9th Fl	
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	SVP	<input checked="" type="checkbox"/> Delete	TITLE	VP Treasurer/Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAGANELLI, J P		NAME	Carolyn Tiffany	
STREET ADDRESS	411 WEST PUTNAM AVENUE, SUITE 270		STREET ADDRESS	Five Cambridge Ctr, 9th Fl.	
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP	Cambridge, MA 02142	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUMBER, CHARLES		NAME	Allison Forrester	
STREET ADDRESS	411 WEST PUTNAM AVENUE, SUITE 270		STREET ADDRESS	Five Cambridge Ctr. 9th Fl	
CITY-ST-ZIP	GREENWICH CT 06830		CITY-ST-ZIP	Cambridge, MA 02142	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE: 1/17/2000 DAYTIME PHONE #: 822 0022

CR2E034 (9/99)