

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 90010 001 \*\*\*300.00

<b>DOCUMENT # F93000004137</b>			
1. Entity Name  <b>CP1 Real Estate Services Inc.</b>			
Principal Place of Business		Mailing Address	
2. Principal Place of Business <b>3 World Financial Center</b>		3. Mailing Address <b>101 Hudson Street</b>	
Suite, Apt. #, etc. <b>29th Floor</b>		Suite, Apt. #, etc. <b>39th Floor</b>	
City & State <b>New York, NY</b>		City & State <b>Jersey City, NJ</b>	
Zip <b>10285</b>	Country <b>U.S.</b>	Zip <b>07302</b>	Country <b>U.S.</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>Corporation Service Company</b> <b>1201 Hays Street</b> <b>Tallahassee, FL 32301</b>		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	<b>DP</b> <b>Michael T. Marron</b> <b>3 World Financial Center</b> <b>New York, NY 10285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AT</b> <b>Kathryn M. Bopp-Flynn</b> <b>101 Hudson Street</b> <b>Jersey City, NJ 07302</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>DV</b> <b>Rocco F. Andriola</b> <b>3 World Financial Center</b> <b>New York, NY 10285</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>AS</b> <b>Eileen M. Bannon</b> <b>3 World Financial Center</b> <b>New York, NY 10285</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input 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(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: <i>Kathryn M. Bopp-Flynn</i>		<b>Kathryn M. Bopp-Flynn</b> <b>04/13/00</b> <b>(201) 524-4923</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>	

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)