

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0145273 AB

DOCUMENT # F94000001280

1. Entity Name
AP CF INVESTORS I OPERATING CORPORATION



APPROVED
AND
FILED

03 JUL 18 PM 5:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
2 MANHATTANVILLE ROAD
PURCHASE NY 10577

Mailing Address
2 MANHATTANVILLE ROAD
PURCHASE NY 10577

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 51-0353730

Applied For
Not Applicable

Zip

Country

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS 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. 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 signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VC
NAME SOLOTRUK, RONALD
STREET ADDRESS 2 MANHATTANVILLE ROAD
CITY-ST-ZIP PURCHASE NY 10577 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME HANNAN, JOHN J
STREET ADDRESS 1301 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
4000215234284
07/14/03--01080--018 **\$550.00

TITLE VS
NAME WEINER, MICHAEL D
STREET ADDRESS 1999 AVENUE OF THE STARS, SUITE 1900
CITY-ST-ZIP LOS ANGELES CA 90067 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VP
NAME KOENIG, STUART
STREET ADDRESS 1301 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VAS
NAME NEIBART, LEE
STREET ADDRESS 1301 AVENUE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10019 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

[Handwritten Signature] REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/03 914-694-8000

Date Daytime Phone #

CR2E034 (4/03)