

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002271

1. Entity Name
SCHIEFFELIN PARTNER INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90345 037 ***150.00

Principal Place of Business

2 PARK AVE.
SUITE 1830
NEW YORK NY 10016
US

Mailing Address

2 PARK AVE.
SUITE 1830
NEW YORK NY 10016
US

2. Principal Place of Business

19 East 57th Street

Suite, Apt. #, etc.

3. Mailing Address

19 East 57th Street

Suite, Apt. #, etc.

City & State

New York, NY

City & State

New York, NY

Zip

10022

Country

US

Zip

10022

Country

US

4. FEI Number

13-3423809

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-0000

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, 2001 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
☐ Delete

D
CAMPBELL, COLIN
30 AVENUE HOCHÉ
75008 PARIS, FRANCE

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

DPT
INGRAM, BRUCE G
2 PARK AVE., STE. 1830
NEW YORK NY 10016

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

19 East 57th Street
New York, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

S
FIRESTONE, LOUISE
2 PARK AVE., STE. 1830
NEW YORK NY 10016

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

19 East 57th Street
New York, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

V
FOLKMAN, MICHAEL
2 PARK AVENUE, STE 1830
NEW YORK NY 10016

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

19 East 57th Street
New York, NY 10022

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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

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: Michael T. Folkman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(212) 931-2700

CR2E034 (10/00)