

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000002912

1. Entity Name

BALLANTRAE HOLDING CORP.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90251 020 \*\*\*150.00

Principal Place of Business 260 LONG RIDGE RD SUITE 900 STAMFORD CT 06927 US	Mailing Address DEPT. 8109 260 LONG RIDGE RD. STAMFORD CT 06927-1600 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1398648	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324
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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
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	Asst Treas. Tax <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRAIZER, MICHAEL D	NAME	John Amato
STREET ADDRESS	260 LONG RIDGE RD.	STREET ADDRESS	799 Long Ridge Rd
CITY-ST-ZIP	STAMFORD CT 06927	CITY-ST-ZIP	Stamford CT 06927
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTORO, EDWARD J	NAME	
STREET ADDRESS	260 LONG RIDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, DAVID B	NAME	
STREET ADDRESS	260 LONG RIDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFFER, R E	NAME	
STREET ADDRESS	260 LONG RIDGE RD.	STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT 06927	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOZA, JEFFREY S	NAME	
STREET ADDRESS	600 W. PEACHTREE ST., N.W.	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30308	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EKBLAW, ERIC	NAME	
STREET ADDRESS	600 W. PEACHTREE ST., N.W.	STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30308	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: <i>JOHN AMATO</i>	Date	Daytime Phone #
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203-357-4544

CR2E034 (9/99)