

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F94000003873**

i. Entity Name

REUTERS LATIN AMERICA MEDIA SERVICES INC.

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90275 001 *1,100.00

0106579 AT

Principal Place of Business

**1700 BROADWAY 40TH FLOOR
NEW YORK NY 10019**

Mailing Address

**1700 BROADWAY 40TH FLOOR
NEW YORK NY 10019**

78074



2. Principal Place of Business

**THE REUTERS BUILDING, 3 TIMES SQUARE
Suite, Apt. #, etc. 20TH FLOOR**

3. Mailing Address

**THE REUTERS BUILDING, 3 TIMES SQUARE
Suite, Apt. #, etc. 20TH FLOOR**

DO NOT WRITE IN THIS SPACE

City & State

New York NY

City & State

New York NY

4. FEI Number

13-3756993

Applied For

Not Applicable

Zip

10036

Country

USA

Zip

10036

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE **CPD**
NAME **GLOCE, THOMAS** ☒ Delete
STREET ADDRESS **40 E. 52ND ST.**
CITY-ST-ZIP **NEW YORK NY 10022**

TITLE **SVP**
NAME **OWEN, ADRIAN** ☒ Delete
STREET ADDRESS **1700 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **AS** ☐ Delete
NAME **DIAZ, MARIA**
STREET ADDRESS **1700 BROADWAY**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE **D** ☒ Delete
NAME **TURNER, DAVID**
STREET ADDRESS **40 E. 42ND ST.**
CITY-ST-ZIP **NEW YORK NY 10019**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE **SVP** ☐ Change ☒ Addition
NAME **SIMON BARCEL**
STREET ADDRESS **THE REUTERS BUILDING, 3 TIMES SQUARE**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **AS** ☒ Change ☐ Addition
NAME **MARIA DIAZ**
STREET ADDRESS **THE REUTERS BUILDING, 3 TIMES SQUARE**
CITY-ST-ZIP **NEW YORK, NY 10036**

TITLE **D** ☒ Change ☒ Addition
NAME **DAVID DISTEL**
STREET ADDRESS **THE REUTERS BUILDING, 3 TIMES SQUARE**
CITY-ST-ZIP **NEW YORK, NY 10036**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 REQUIRED MARIA DIAZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/01

Date

Daytime Phone #

CR2E034 (5/01)