

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90132 044 ***150.00

A0047057

DO NOT WRITE IN THIS SPACE

DOCUMENT # F95000000011 1. Entity Name <div style="text-align: center; font-size: 1.2em; font-weight: bold;">St. Paul Re, Inc.</div>				<div style="text-align: center; font-size: 1.5em; font-weight: bold;">✓</div>	
Principal Place of Business <div style="font-weight: bold;">195 Broadway New York, NY 10007</div>		Mailing Address <div style="font-weight: bold;">195 Broadway New York, NY 10007</div>			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <div style="font-weight: bold;">13-5060567</div>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <div style="font-weight: bold;">Corporation Service Company 1201 Mayes Street Tallahassee, Florida 32301</div>				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 _____ (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. <input type="checkbox"/> (See criteria on back)		FILE NOW!!! FEE IS \$150.00 APR MAY 1 2001 Fee with \$150.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:			Jennifer Mangino 4/3/01 (212) 238-9288		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		

CR2E034 (1/1/00)

Florida Department of State
Uniform Business Report

12. Con't.

Title: V
Name: Steven Redlich
Address: 701 Brickell Ave., Suite 2600
City-St-Zip: Miami, FL 33131

Title: V
Name: Alvaro Madronero
Address: 701 Brickell Ave., Suite 2600
City-St-Zip: Miami, FL 33131

Title: AV
Name: William Turkel
Address: 701 Brickell Ave., Suite 2600
City-St-Zip: Miami, FL 33131
