

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90245 031 ***150.00

0590887

DOCUMENT # F95000000097

1. Entity Name
COLUMBUS OPERATORS, INC.

Principal Place of Business

777 WESTCHESTER AVE
 WHITE PLAINS NY 10604
 US

Mailing Address

2231 E. CAMELBACK ROAD #400
 PHOENIX AZ 85016
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **52-1253785**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 | P | <input type="checkbox"/> Delete |
| NAME | DARNALL, THEODORE W | |
| STREET ADDRESS | 777 WESTCHESTER AVE | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | ROZELLS, MARK | |
| STREET ADDRESS | 2231 E. CAMELBACK ROAD #400 | |
| CITY-ST-ZIP | PHOENIX AZ 85016 | |
| TITLE | VS | <input checked="" type="checkbox"/> Delete |
| NAME | JANSON, JR, THOMAS C | |
| STREET ADDRESS | 777 WESTCHESTER AVE | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | MORROW, PETER | |
| STREET ADDRESS | 2231 E. CAMELBACK ROAD #400 | |
| CITY-ST-ZIP | PHOENIX AZ 85016 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | SCHNAID, ALAN M | |
| STREET ADDRESS | 2231 E CAMELBACK RD #400 | |
| CITY-ST-ZIP | PHOENIX AZ 85016 | |
| TITLE | VT | <input type="checkbox"/> Delete |
| NAME | BROWN, RONALD C | |
| STREET ADDRESS | 777 WESTCHESTER AVE | |
| CITY-ST-ZIP | WHITE PLAINS NY 10604 | |

| | | |
|----------------|-------------------------------|---|
| TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VS | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Latham, James D. | |
| STREET ADDRESS | 777 Westchester Ave. | |
| CITY-ST-ZIP | White Plains, NY 10604 | |
| TITLE | VAT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Morrow

Date

4-17-01

Daytime Phone #

(602) 852-3900

CR2E034 (10/00)