

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 MAY -5 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F95000003212

1. Entity Name

LW-SSP2A, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

745 7th Ave

3. Mailing Address

101 HUDSON STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

39TH. FLOOR

City & State  
NEW YORK, NY

City & State  
JERSEY CITY, NJ

4. FEI Number 75-2568430

Applied For  
Not Applicable

Zip  
10019

Country

Zip  
07302

Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Street Address (P.O. Box Number is Not Acceptable)

1201 HAYS STREET

City  
TALLAHASSEE

FL

Zip Code  
32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YON K. CHO 745 7TH AVE NEW YORK, N.Y. 10017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DEAN K. MARSAN 101 HUDSON STREET JERSEY CITY, N.J. 07302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENNIFER MARRE 745 7TH AVE NEW YORK, N.Y. 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOESPH J. FLANNERY 745 7TH AVE NEW YORK, N.Y. 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENNETH C. COHEN 745 7TH AVE NEW YORK, N.Y. 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	200018017352 05/05/03--01096--008 **900.00
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRY J. O'BRIEN BARRY J. O'BRIEN 04/28/2003 201-524-5430  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)