

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 91499 042 ***150.00

DOCUMENT # F95000004808

1. Entity Name
SALOMON REINVESTMENT COMPANY INC.

Principal Place of Business

**388 GREENWICH STREET
 NEW YORK NY 10013
 US**

Mailing Address

**7 WORLD TRADE CENTER
 28 FLOOR
 NEW YORK NY 10048
 US**

2. Principal Place of Business

3. Mailing Address

333 W. 34th St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Tax Dept- 4th fl

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10001

DO NOT WRITE IN THIS SPACE



4. FEI Number

13-3845724

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C.T. CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 \$150.00
 After May 1, 2002 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** ☐ Delete
NAME **KELLY, WILLIAM**
STREET ADDRESS **388 GREENWICH STREET**
CITY-ST-ZIP **NEW YORK NY 10013**

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

TITLE **D** ☐ Delete
NAME **HOROWITZ, GEDALE B**
STREET ADDRESS **7 WORLD TRADE CENTER**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **388 Greenwich St**
CITY-ST-ZIP **New York, NY 10013**

TITLE **D** ☐ Delete
NAME **KLEINMAN, MARK**
STREET ADDRESS **388 GREENWICH STREET**
CITY-ST-ZIP **NEW YORK NY 10013**

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

TITLE **EVP** ☒ Delete
NAME **JARROW, AJAJ**
STREET ADDRESS **390 GREENWICH STREET**
CITY-ST-ZIP **NEW YORK NY 10013**

TITLE ☐ Change ☒ Addition
NAME **EVP marc Sabino**
STREET ADDRESS **390 Greenwich St**
CITY-ST-ZIP **New York, NY 10013**

TITLE **T** ☐ Delete
NAME **ANZEL, KEITH**
STREET ADDRESS **7 WORLD TRADE CENTER**
CITY-ST-ZIP **NEW YORK NY 10048**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **333 W. 34th St**
CITY-ST-ZIP **New York, NY 10001**

TITLE **S** ☐ Delete
NAME **ALTER, ANDREW W**
STREET ADDRESS **7 WORLD TRADE CENTER**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **250 West St**
CITY-ST-ZIP **New York, NY 10013**

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

Keith Anzel 4/29 10a
Treasurer

Date

Daytime Phone #

CR2E034 (9/01)