

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000005996 (2)

1. Corporation Name
BREI/CGL INC.



Principal Place of Business

345 PARK AVE 31ST FLR
NEW YORK NY 10154

Mailing Address

345 PARK AVE 31ST FLR
NEW YORK NY 10154

3. Date Incorporated or Qualified
12/08/1995

3a. Date of Last Report

4. FEI Number
13-3862160

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DTV
NAME SAYLAK, THOMAS J
STREET ADDRESS 345 PARK AVE 31ST FLR
CITY- ST- ZIP NEW YORK NY 10154 ☐ DELETE

TITLE DC
NAME PETERSON, PETER G
STREET ADDRESS 345 PARK AVE 31ST FLR
CITY- ST- ZIP NEW YORK NY 10154 ☐ DELETE

TITLE D
NAME GALOGLY, MARK
STREET ADDRESS 345 PARK AVE 31ST FLR
CITY- ST- ZIP NEW YORK NY 10154 ☐ DELETE

TITLE P
NAME SCHWARZMAN, STEPHEN A
STREET ADDRESS 345 PARK AVE 31ST FLR
CITY- ST- ZIP NEW YORK NY 10154 ☐ DELETE

TITLE S
NAME WHITNEY, KENNETH C
STREET ADDRESS 345 PARK AVE 31ST FLR
CITY- ST- ZIP NEW YORK NY 10154 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

1. 1 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS

14 CITY- ST- ZIP

2. 1 TITLE ☐ Change ☐ Addition
2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3. 1 TITLE ☒ Change ☐ Addition
3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4. 1 TITLE ☐ Change ☐ Addition
4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5. 1 TITLE ☐ Change ☐ Addition
5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6. 1 TITLE ☐ Change ☐ Addition
6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (12/95)