

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 8:00 am**  
**Secretary of State**

05-06-2004 90165 028 \*\*\*150.00

**DOCUMENT # F96000001508**

1. Entity Name  
**UBS REAL ESTATE INVESTMENTS INC.**



Principal Place of Business  
**1285 AVE OF THE AMERICAS  
NEW YORK, NY 10019**

Mailing Address  
**1000 HARBOR BLVD  
TAX DEPT. 9TH FLOOR  
WEEHAWKEN, NJ 07087**

**54052923**



**DO NOT WRITE IN THIS SPACE**

04262004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**13-3843773**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

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IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	HARRIS, BRIAN
STREET ADDRESS	12855 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	T
NAME	LEYDEN, DANIEL
STREET ADDRESS	12855 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	DAS
NAME	FEAREY, JOHN
STREET ADDRESS	12855 AVE OF THE AMERICAS
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	AT
NAME	DEVICO, LOUIS
STREET ADDRESS	800 HARBOR BLVD.
CITY-ST-ZIP	WEEHAWKEN, NJ 07086
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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 Block 11 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

**4/28/04**  
Date

Daytime Phone #