

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91332 017 ***150.00

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DOCUMENT # F96000001735

1. Entity Name

LEX GP-1, INC.



Principal Place of Business

355 LEXINGTON AVE., 14TH FLOOR
NEW YORK NY 10017

Mailing Address

355 LEXINGTON AVE., 14TH FLOOR
NEW YORK NY 10017

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

13-3797734

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVENUE
TALLAHASSEE FL 32301

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. 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, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
PDC
ROSKIND, E R
STREET ADDRESS 355 LEXINGTON AVE., 14TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

TITLE NAME ☐ Change ☒ Addition
VP
Dianne R. Smith
STREET ADDRESS 355 Lexington Avenue, 14th Floor
CITY-ST-ZIP New York, NY 10017

TITLE NAME ☐ Delete
VSD
ROUSE, RICHARD J
STREET ADDRESS 355 LEXINGTON AVE., 14TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE NAME ☐ Delete
VTD
EGLIN, T W
STREET ADDRESS 355 LEXINGTON AVE., 14TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE NAME ☐ Delete
V
CARROLL, PATRICK
STREET ADDRESS 355 LEXINGTON AVE., 14TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE NAME ☐ Delete
VP
CINNAMOND, WILLIAM N JR.
STREET ADDRESS 355 LEXINGTON AVE 14TH FL
CITY-ST-ZIP NEW YORK NY 10017

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

TITLE NAME ☐ Delete
VP
ROBERTS, NATASHA
STREET ADDRESS 355 LEXINGTON AVENUE 14TH FLOOR
CITY-ST-ZIP NEW YORK NY 10017

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

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:

Dianne R. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne R. Smith, V.P.

4/28/03

(212)692-7260

Date

Daytime Phone #

CR2E034 (10/02)