

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90157 032 ***150.00

DOCUMENT # F96000001842			
1. Entity Name SPACEWISE INC.			
Principal Place of Business 100 MANHATTANVILLE RD PURCHASE NY 10577		Mailing Address C O TRANSAMERICA LAEASING INC 100 MANHATTANVILLE RD PURCHASE NY 10577-2134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 201 HAYS ST STE 101 TALLAHASSEE FL 32301		7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAC TRACEY, BRIAN J 100 MANHATTANVILLE ROAD PURCHASE NY 10577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman & Chief Operating Officer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert A. Watson 600 Montgomery Street San Francisco, CA 94111
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT MANN, EDWARD T 100 MANHATTANVILLE ROAD PURCHASE NY 10577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC TINGLEY, CHARLES E 100 MANHATTANVILLE ROAD PURCHASE NY 10577 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAC MARTINEZ, MARY 100 MANHATTANVILLE ROAD PURCHASE NY 10577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ASPIS, HAROLD B 100 MANHATTANVILLE ROAD PURCHASE NY 10577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V. P., General Counsel <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Harold B. Aspis 100 Manhattanville Road Purchase, NY 10577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary & Assistant Gen. Counsel <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Marc A. Pearlman 100 Manhattanville Road Purchase, NY 10577
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: <u><i>Marc A. Pearlman</i></u>		Date _____ Daytime Phone # _____	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)