

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000002204

1. Entity Name

BREI/IBIS INC.

**FILED**  
**Mar 08, 2001 8:00 am**  
**Secretary of State**

03-08-2001 90102 036 \*\*\*150.00

Principal Place of Business

C/O THE BLACKSTONE GROUP  
345 PARK AVENUE, 31ST FLOOR  
NEW YORK, NY 10154  
US

Mailing Address

C/O THE BLACKSTONE GROUP  
345 PARK AVENUE, 31ST FLOOR  
NEW YORK, NY 10154  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-3889832

Applied For

Not Applicable

Zip

Country

Zip

Country

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, 2001 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  
NAME SCHWARZMAN, STEPHEN A  
STREET ADDRESS 345 PARK AVENUE, 31ST FLOOR  
CITY-ST-ZIP NEW YORK NY 10154 ☐ Delete

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

TITLE V  
NAME SUMERS, GARY M  
STREET ADDRESS 345 PARK AVENUE  
CITY-ST-ZIP NEW YORK NY 10154 ☐ Delete

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

TITLE V  
NAME ORBUCH, STEVEN E  
STREET ADDRESS 345 PARK AVENUE, 31ST FLOOR  
CITY-ST-ZIP NEW YORK NY 10154 ☐ Delete

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

TITLE S  
NAME WHITNEY, KENNETH C  
STREET ADDRESS 345 PARK AVENUE, 31ST FLOOR  
CITY-ST-ZIP NEW YORK NY 10154 ☐ Delete

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

TITLE C  
NAME PETERSON, PETER G  
STREET ADDRESS 345 PARK AVENUE, 31ST FLOOR  
CITY-ST-ZIP NEW YORK NY 10154 ☐ Delete

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

TITLE D  
NAME GALLOGLY, MARK  
STREET ADDRESS 345 PARK AVENUE, 31ST FLOOR  
CITY-ST-ZIP NEW YORK NY 10154 ☐ Delete

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

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:

*Mark Gallogly* VICE PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/2001

Date

(212) 583-5342

Daytime Phone #

0442895

CR2E034 (10/00)