

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91168 008 ***150.00

DOCUMENT # **F96000004229**

1. Entity Name

HEADWAY GP, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

11 Madison Avenue

Suite, Apt. #, etc.

c/o CSEB, Inc Attn: Corp Tax

New York, NY

3. Mailing Address

11 Madison Avenue

Suite, Apt. #, etc.

c/o CSEB, Inc Attn: Corp Tax

New York, NY

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3888736**

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

City

Plantation

FL

33324

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Please See Attachment

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Edward Flynn

Date

4/26/02

(212) 325-5832

Daytime Phone

ATTACH # F96000004229/6671793

ATTACHMENT
Headway GP, Inc.
Officers & Directors

Title	M
Name	Rifkin, Andrew
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010

Title	S
Name	Russo, Lori M
Street Address	One Madison Avenue
City-St-Zip	New York, NY 10010

Title	SV/C
Name	Poletti, Edward A
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010

Title	M
Name	Kassoy, Andrew R
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010

Title	M
Name	Sholem, Barry A
Street Address	2121 Avenue of the Stars
City-St-Zip	Los Angeles, CA 90067