## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 2004

## **FILED** May 04, 2004 8:00 am Secretary of State

05-04-2004 90152 047 \*\*\*150.00

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1	DOCUMENT	#	F96000004229

1. Entity Name



Heady	way GP, Inc.									
	DO NOT WRITE	IN THIS SI	PACE							
2. Principal Place of Business 11 Madison Avenue 3. Mailing Address 11 Madison A			Avenue			14019949				
Suite, Apt.		Suite, Apt. #, etc. C/) CSFB Inc. Att: Corp. Tax			DO NOT WRITE IN THIS SPACE					
City & State	e	City & State New York, NY			4. FE	Number 13-3888736		Applied For Not Applicable		
Zip 10010-36	Country 529	Zip 10010-3629	Country		<b>5</b> . Ce	rtificate of Status Desired		.75 Additional Required		
f" - 1 - 1 - 1				-	7. Nam	e and Address of Current Registe	red Ag	ent		
				Name Corpo	orate S	Service Company				
	DO NOT W			Street Address (	(P.O. Bo)	Number is Not Acceptable)				
	IN THIS SP	ACE		1201 Hays	Street					
			Ç. T	City Tallahas	ssee	F		Zip Code 32301		
the obligat	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									
	nuary 1 - May 1 Fee is \$150,00 After May 1, Fee is \$550,00 Amended UBR is \$61,25 Payable to Florida Department of i	State				Election Campaign Financing     Trust Fund Contribution.		\$5.00 May Be Added to Fees		
10.	OFFICERS AND E	DIRECTORS	13.0.	, , , , , , , , , , , , ,	n ven		77.9° -10 1.04.4			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Please see attached		TITLE I NAME STREET A CITY-ST	1 The 1 The 1						
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TITLE NAME STREET ADDRESS CHY-ST-ZIP			TITLE TO MAME STREET A CITY-ST	DDRESS						

12. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 or on an attachment with an address withvall other key impowered.

SIGNATURE:

ェア.Edward Flynn

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

212-325-5832



Headway GP, Inc.
Florida 2004 For Profit Corporation Uniform Business Report (UBR)
All Officers and Directors
I:\TEMP\TAXDEPT\ErikL\[Officers & Directors for Headway GP, Inc..xls]Sheet1

Title	Name	Address <sup>©</sup>
Controller	Edward A. Poletti	11 Madison Avenue, New York, NY 10010
Deputy Director of Taxes	Edward W. Flynn	11 Madison Avenue, New York, NY 10010
Director of Taxes	Thomas Prevost	11 Madison Avenue, New York, NY 10010
Managing Director	Andrew P. Rifkin	11 Madison Avenue, New York, NY 10010
Treasurer	Raymond M. Disco	11 Madison Avenue, New York, NY 10010
Vice Presdient	Thomas Prevost	11 Madison Avenue, New York, NY 10010
Senior Vice President	Edward A. Poletti	11 Madison Avenue, New York, NY 10010
Vice Presdient	James D. Allen	11 Madison Avenue, New York, NY 10010
Vice Presdient	John S. Ficarra	11 Madison Avenue, New York, NY 10010
Vice Presdient	Edward W. Flynn	11 Madison Avenue, New York, NY 10010
Vice Presdient	Kenneth J. Lohsen	11 Madison Avenue, New York, NY 10010
Vice Presdient	William L. Spiro	11 Madison Avenue, New York, NY 10010
Secretary	Lori M. Russo	1 Madison Avenue, New York, NY 10010
Assistant Secretary	Rhonda G. Matty	1 Madison Avenue, New York, NY 10010