
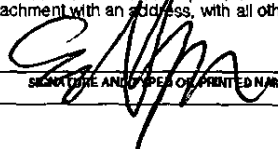


**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91787 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # F96000004229</b>					
1. Entity Name <b>HEADWAY GP, INC.</b>					
Principal Place of Business <b>11 MADISON STREET C/O CSFB INC ATTN : CORP TAX NEW YORK, NY 10010</b>			Mailing Address <b>11 MADISON STREET C/O CSFB INC ATTN : CORP TAX NEW YORK, NY 10010</b>		
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 <b>13-3888736</b>	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number Is Not Acceptable)	
				City	
				<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	M	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RIFKIN, ANDREW</b>			NAME	
STREET ADDRESS	<b>11 MADISON STREET</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, NY 10010</b>			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUSSO, LORI M</b>			NAME	
STREET ADDRESS	<b>ONE MADISON STREET</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, NY 10010</b>			CITY-ST-ZIP	
TITLE	M	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHOLEM, BARRY</b>			NAME	
STREET ADDRESS	<b>2121 AVENUE OF THE STARS</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>LOS ANGELES, CA 90067</b>			CITY-ST-ZIP	
TITLE	M	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KASSOY, ANDREW R</b>			NAME	
STREET ADDRESS	<b>11 MADISON STREET</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, NY 10010</b>			CITY-ST-ZIP	
TITLE	SVC	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POLETTI, EDWARD A</b>			NAME	
STREET ADDRESS	<b>11 MADISON STREET</b>			STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK, NY 10010</b>			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				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: 		Edward Flynn		5/1/03 (212) 325-5832	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)