## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am DOCUMENT # **F96000005153** Secretary of State 1. Entity Name TGM GLADES INC. 03-24-2002 90034 029 \*\*\*\*61.25 Principal Place of Business Mailing Address %TGM ASSOCIATES L.P. %TGM ASSOCIATES LP 650 5TH AVE. 28TH FLR 650 5TH AVE. 28TH FLR NY NY 10019 NY NY 10019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3729814 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (R.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change (9/01 ☐ Addition NAME GOCHBERG, THOMAS NAME STREET ADDRESS 650 5TH AVE 28TH FLR STREET ADDRESS CITY-ST-ZIP NY NY CITY-ST-ZIP **EVP** TITLE ☐ Delete TITLE ☐ Change ☐ Addition MACY, STEVEN C NAME NAME STREET ADDRESS 650 5TH AVE 28TH FLR STREET ADDRESS CITY-ST-ZIP NY NY CITY-ST-ZIP SVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MEICHELBECK, PAUL V NAME STREET ADDRESS 650 5TH AVE 28TH FLR STREET ADDRESS CITY-ST-ZIP NY NY CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition Diana Hein 650 Fifth Ave, 28+4 FI MCFARLAND, DIANA NAME NAME STREET ADDRESS 650 5TH AVE 28TH FLR STREET ADDRESS CITY-ST-ZIP NY NY 10019 CITY-ST-7/P New York, NY 10019 ☐ Delete TITLE ☐ Change Addition Andrew Piekarski 650 Fifth Ave-28th Fi NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New York NY 10019 TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trustee empowered to execute this report as required by Chapter 617, 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: SIGNATURE AND TYPED OIL DRINKTED NAME OF SIGNING OFFICER OR DIRECTOR Date

3/Y/02 (212) 830-9300 Date Daytime Phone #

**FILED**