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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600005154

1. Corporation Name



TGM RIV	/ER BEND INC.								
Principal Place of Business Mailing Address %TGM ASSOCIATES L.P. %TGM ASSOCIATES L.P. 650 5TH AVE 28TH FLR 650 5TH AVE 28TH FLR NY NY 10019 NY NY 10019					~ -				
2. Principal P	lace of Business	2a. Mailing Address			<u>-</u>	Date Incorporated or Qualifed 10/00/14006	•	<u>_</u>	
21		26				10/02/1996 4. FEI Number			Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				13-3711734		 	Not Applicable
City & State		City & State							5 Additional
23	-	28				5. Certifcate of Status Desired		Fee	Required
Zip	Country	Zip	Cou	intry		6. Election Campaign Financing		\$5.0	00 May Be
24	25	29	30			Trust Fund Contribution			ed to Fees
	9. Name and Address of Curre	nt Registered Agent		04	*I	10. Name and Address of New Re	gistered A	gent	
				81	Name				
CORPORA	ATION SERVICE COMPANY			82	Street Addre	ess (P.O. Box Number is Not Acceptable	e)		
	's street		,	83	• •				
TALLAHA:	SSEE FL 32301-2525								
				84	City		FL	85 Z	ip Code
44 Duramant	to the provisions of Sections 617 050	12 and 617 1508 Florida Statut	es the al	hove	-named corno	pration submits this statement for the pu		hanging	its registered
office or n	egistered agent, or both, in the State	of Florida. Such change was a	uthorized	by t	the corporation	oration submits this statement for the pun's board of directors. I hereby accept	the appoint	ment as	registered
agent. I a	m familiar with, and accept the obliga	ations of, Section 617.0503, Fig	rida Statt	utes.					-
SIGNATURE	Stgnature, typed or printed name of registered age	ant and title if applicable. (NOTE	Registered	Agent	signature required	when reinstating)	DATE		
12.	<u> </u>	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFI	CERS AND	DIREC	
TITLE	PSD	☐ DELETE	1.1 17	TLE				Chang	ge Addition
NAME.	GOCHBERG, THOMAS		1.2 NA	ME					1
STREET ADDRESS	650 5TH AVE 28TH FLR		1.3 ST	reet	ADDRESS	,			į
CITY-ST-ZIP	NY NY		_	TY-\$T	-ZIP				
TITLE	Y80 EVP	□ DELETE	2.1 TT	TLE					ge Addition
NAME	MACY, STEVEN C		•					Chan	-
STREET ADDRESS	1		2.2 NA					Chan	g
CITY-ST-ZIP			2.2 NA	AME	ADDRESS			Chan	
TITLE	NY NY		2.2 NA 2.3 ST 2.4 CI	ame Ireet Ity-st					
	VSB SVP	☐ DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TH	ame Treet ITY-ST Tle				Chang	
NAME	WSB SVP MEICHELBECK, PAUL V	☐ DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA	ame Treet ITY-\$1 Tle Ame	T-ZIP				
STREET ADDRESS	WED SVP MEICHELBECK, PAUL V 650 5TH AVE 28TH FLR	☐ DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST	ame Treet Ity-St Tle Ame Treet	T-ZIP ADDRESS				
STREET ADORESS CITY+ST-ZIP	WEB SUP MEICHELBECK, PAUL V 650 5TH AVE 28TH FLR NY NY		2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA	AME TREET TLE AME TREET TTY-ST	T-ZIP ADDRESS				ge Addition
STREET ADDRESS CITY+ST-ZIP TITLE	WSB SVP MEICHELBECK, PAUL V 650 5TH AVE 28TH FLR NY NY VS	☐ DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TH 3.2 NA 3.3 ST 3.4. Ci 4.1 TH	AME IREET ITY-SI ILE AME IREET ITY-SI ILE	T-ZIP ADDRESS			☐ Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	WSB SUP MEICHELBECK, PAUL V 650 5TH AVE 28TH FLR NY NY VS RUTTER, BRIAN		2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 No	AMÉ TREET TLE AME TREET STY-ST TLE AME	T-ZIP ADDRESS T-ZIP			☐ Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	WSB SUP MEICHELBECK, PAUL V 650 5TH AVE 28TH FLR NY NY VS RUTTER, BRIAN 650 5TH AVE 28TH FLR		2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 No 4.3 ST	AMÉ TREET TLE AME TREET STY-ST TLE AME	T-ZIP ADDRESS T-ZIP ADDRESS			☐ Chang	ge Addition
STREET ADDRESS CITY-ST-ZIP TITLE NAME	WSB SUP MEICHELBECK, PAUL V 650 5TH AVE 28TH FLR NY NY VS RUTTER, BRIAN		2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4 CI 4.1 TII 4.2 No 4.3 ST	AME IREET ITY-SI ILE AME IREET ITY-SI ILE AME IREET ITY-SI ITE	T-ZIP ADDRESS T-ZIP ADDRESS			☐ Chang	ge Addition
STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP	WSB SUP MEICHELBECK, PAUL V 650 5TH AVE 28TH FLR NY NY VS RUTTER, BRIAN 650 5TH AVE 28TH FLR NY NY 10019	DELETE	2.2 NA 2.3 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 No 4.3 ST 4.4 CI	TREET TILE AME TREET TILE AME TREET TILE AME TREET TILE TILE TILE TILE TILE TILE TILE TILE	T-ZIP ADDRESS T-ZIP ADDRESS			Chang	ge Addition
STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	WSB S P MEICHELBECK, PAUL V 650 5TH AVE 28TH FLR NY NY VS RUTTER, BRIAN 650 5TH AVE 28TH FLR NY NY 10019 S MCFARLAND, DIANA	DELETE	22 NA 23 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 N/ 4.3 ST 4.4 CI 5.1 TII 5.2 NA	TREET TITE SAME	T-ZIP ADDRESS T-ZIP ADDRESS			Chang	ge Addition
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STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	WSB SUP MEICHELBECK, PAUL V 650 5TH AVE 28TH FLR NY NY VS RUTTER, BRIAN 650 5TH AVE 28TH FLR NY NY 10019 S MCFARLAND, DIANA 650 5TH AVE 28TH FLR	DELETE	22 NA 23 ST 2.4 CI 3.1 TII 3.2 NA 3.3 ST 3.4. CI 4.1 TII 4.2 NA 4.3 ST 4.4 CI 5.1 TII 52 NA 5.3 ST 5.4 CI	AME REET ITY-SI TLE AME IREET ITY-SI TLE AME IREET ITY-SI TLE TY-SI TLE TY-SI TLE TY-SI TLE	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS			Chang	ge Addition ge Addition ge Addition
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14. 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 annual report or supplemental annual 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 receive or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attactment with an address, with all other like empowered.

SIGNATURE:

212-830-9304