

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 06, 2001 8:00 am**  
**Secretary of State**

0441638

**DOCUMENT # F97000003440**

1. Entity Name  
**VANTAS MANAGEMENT VIRGINIA, INC.**

09-06-2001 90244 001 \*\*\*550.00

Principal Place of Business <b>90 PARK AVE          3100          NEW YORK NY 10016</b>	Mailing Address <b>90 PARK AVE          3100          NEW YORK NY 10016</b>
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2. Principal Place of Business <b>15305 Dallas Parkway</b> Suite, Apt. #, etc. <b>Suite 1500, LB-20</b>	3. Mailing Address <b>1117 Perimeter Center West</b> Suite, Apt. #, etc. <b>Suite 500 E</b>
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DO NOT WRITE IN THIS SPACE

City & State <b>Addison, TX</b>	City & State <b>Atlanta, GA</b>
Zip <b>75001</b>	Zip <b>30338</b>

4. FEI Number <b>54-1462372</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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 \_\_\_\_\_ (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)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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	<b>PD RUPERT, DAVID 90 PARK AVE NEW YORK NY 10016</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LANGER, ALAN 90 PARK AVE NEW YORK NY 10016</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPF KLEIN, GARY 90 PARK AVENUE NEW YORK NY 10016</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS COOPERMAN, STEVE 90 PARK AVE NEW YORK NY 10016</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AT SAMITT, PETER 90 PARK AVE NEW YORK NY 10016</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP Jill Louis 15305 Dallas Parkway, Suite 1500, LB-20 Addison, TX 75001</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T John Bailey 15305 Dallas Parkway, Suite 1500, LB-20 Addison, TX 75001</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS J. Mark McCarty 15305 Dallas Parkway, Suite 1500, LB-20 Addison, TX 75001</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. Mark McCarty **J. Mark McCarty** 8-27-01 770-677-5637  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0441638