

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90142 003 \*\*\*150.00

0519999 AT

**DOCUMENT # F97000003990**

1. Entity Name  
**TG HOLDINGS OF DELAWARE, INC.**



Principal Place of Business  
**PO BOX 186  
EAST BRUNSWICK NJ 08816**

Mailing Address  
**PO BOX 186  
EAST BRUNSWICK NJ 08816**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **22-3333138**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
NAME **EVD LIEB, JAMES M**  
STREET ADDRESS **PO BOX 186**  
CITY-ST-ZIP **EAST BRUNSWICK NJ 08816**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **CD TRUMP, JULIUS**  
STREET ADDRESS **4000 ISLAND BLVD PH #2**  
CITY-ST-ZIP **WILLIAMS ISLAND FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **CD TRUMP, EDDIE**  
STREET ADDRESS **4000 ISLAND BLVD PH #2**  
CITY-ST-ZIP **WILLIAMS ISLAND FL**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **AVP TORPEY, CARITE**  
STREET ADDRESS **C/O TRUMP GROUP, 4000 ISLAND BLVD**  
CITY-ST-ZIP **N MIAMI BEACH FL 33160**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **EVPS HIRSCH, MARK S**  
STREET ADDRESS **405 LEXINGTON AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10174**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
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: *Carite L. Torpey* **Carite L. Torpey** 1/14/03 732-390-9400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Carite L. Torpey Assistant Vice President**

CR2E034 (10/02)