FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

1. Entity Name N. P. Investment XXII Co.				02 JUN -5 AM 9: 29 SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business World Financial Center		3. Mailing Address 101 Hudson Street		<u></u>		
Suite, Apt. #, etc.		Suite, Apt. #, etc. 39th Floor		DO NOT WRITE IN THIS SPACE		
City & State New York, NY		City & State Jersey City, NJ		4. FEI Nümber 75-2568430	Applied For Not Applicable	
² Zip 10285	Country	Zip 07302	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
* * * * * * * * * * * * * * * * * * * *			Name	7. Name and Address of Current Registered Agent Name		
	DO NOT W IN THIS SE					
	*		Tallah		FL Zip Code 32301	
8. The above	e named entity submits this statement for	r the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent	and title if accolination	E: Registered Agent signature require		ATE	
Tax filing i	oration is eligible to satisfy its Intangible requirement and elects to do so.	After May Amende	May 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25 ble to Department of St	10. Election Campaign Financing Trust Fund Contribution.		
11,	OFFICERS AND	E. P. P. S.	olo to peparaliento j di			
NAME STREET ADDRESS CITY-ST-ZIP	V Yon K. Cho 3 World Financial Cer New York, NY 10285	ter	TITLE NAME STREET ADDRESS CITY-ST-ZIP		958642 9201006009 1,00 ****150.00	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Jennifer Marre 3 World Financial Cen New York, NY 10285	ter .	TITLE NAME STREET ADDRESS CITY: STAZIP	DO NOT W	RITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Barry J O'Brien 101 Hudson Street Jersey City, NJ 07302		THILE NAME STREET ADDRESS CITY ST-ZIP	IN THIS SPA	ACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Joseph J. Flannery 3 World Financial Cen New York, NY 10285	ter	TITLE NAME STREET ADDRESS 1CITY-ST-ZIP	Brulin		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			THLE NAME STREET ADDRESS CITY-ST-ZIP		n in a second se	
13. I hereby c	ertify that the information supplied with	this filing does not qualify for	the exemption stated in Se	ection 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 attachment with an address, with all other like empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

4-29-02