

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004456
1. Entity Name N.P. INVESTMENT XXII CO.

FILED
04 JUN -1 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 745 Seventh Ave Suite, Apt. #, etc.	3. Mailing Address 70 Hudson Street Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State New York, NY	City & State Jersey City, NJ	4. FEI Number 75-2722447	Applied For <input type="checkbox"/> Not Applicable
Zip 10019	Country	Zip 07302	Country
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent
	Name CORPORATION SERVICES COMPANY
	Street Address (P.O. Box Number is Not Acceptable)
	1201 Hays Street
	City Tallahassee
	FL Zip Code 32301

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.

500037674025
06/04/04--01061--001 **2000.00

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P JOSEPH J. FLANNERY 745 7th Ave New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BARRY J. O'BRIEN 70 HUDSON ST JERSEY CITY, NJ 07302	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S JENNIFER MARRE 745 7th Ave. New York, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JOSEPH J. FLANNERY 745 7TH AVE. NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AT KATHRYN M. BOPP FLYNN 745 7TH AVE. NEW YORK, N.Y. 10019	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:	BARRY J. O'BRIEN	4/26/04	201-499-6664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034B (12/02)

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