

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000005571

1. Entity Name

N.P. INVESTMENT XXIV CO.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90019 001 ***450.00

Principal Place of Business

1201 ELM ST., #5400
DALLAS TX 75270
US

Mailing Address

1201 ELM ST., #5400
DALLAS TX 75270-2103
US

2. Principal Place of Business

3 WORLD FINANCIAL CENTER 101 HUDSON STREET

3. Mailing Address

TAX DEPARTMENT 37TH FL

Suite, Apt. #, etc.

29TH FLOOR

Suite, Apt. #, etc.

JERSEY CITY, NJ

City & State

NEW YORK, NY

City & State

Zip

Country

10285

US

Zip

07302

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2730193

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|---------------------|--|
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | FLANNERY, JOSEPH J | |
| STREET ADDRESS | 1201 ELM ST., #5400 | |
| CITY-ST-ZIP | DALLAS TX 75270 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | MARSAN, DEAN | |
| STREET ADDRESS | 1201 ELM ST., #5400 | |
| CITY-ST-ZIP | DALLAS TX 75270 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MEYLOR, EDWARD J | |
| STREET ADDRESS | 1201 ELM ST., #5400 | |
| CITY-ST-ZIP | DALLAS TX 75270 | |
| TITLE | PT | <input type="checkbox"/> Delete |
| NAME | CHO, YON K | |
| STREET ADDRESS | 1201 ELM ST., #5400 | |
| CITY-ST-ZIP | DALLAS TX 75270 | |
| TITLE | S | <input checked="" type="checkbox"/> Delete |
| NAME | HYDE, JOE T | |
| STREET ADDRESS | 1201 ELM ST., #5400 | |
| CITY-ST-ZIP | DALLAS TX 75270 | |
| TITLE | AS | <input checked="" type="checkbox"/> Delete |
| NAME | BRAUN, MARGRET | |
| STREET ADDRESS | 1201 ELM ST., #5400 | |
| CITY-ST-ZIP | DALLAS TX 75270 | |

| | | |
|----------------|--------------------------|--|
| TITLE | DV | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOSEPH J. FLANNERY | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER | |
| CITY-ST-ZIP | NEW YORK, NEW YORK 10285 | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEAN K MARSAN | |
| STREET ADDRESS | 101 HUDSON STREET | |
| CITY-ST-ZIP | JERSEY CITY NJ 07302 | |
| TITLE | DV | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CHRISTOPHER S. MCKENNA | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER | |
| CITY-ST-ZIP | NEW YORK, NEW YORK 10285 | |
| TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YON K. CHO | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER | |
| CITY-ST-ZIP | NEW YORK, NEW YORK 10285 | |
| TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JENNIFER MADRE | |
| STREET ADDRESS | 3 WORLD FINANCIAL CENTER | |
| CITY-ST-ZIP | NEW YORK, NEW YORK 10285 | |
| TITLE | V | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BARRY J. O'BRIEN | |
| STREET ADDRESS | 101 HUDSON STREET | |
| CITY-ST-ZIP | JERSEY CITY NJ 07302 | |

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BARRY J. O'BRIEN
First Vice President

3/20/00

Date

(201) 524-5822

Daytime Phone #

CR2E034 (9/99)