

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91324 036 ***150.00

DOCUMENT # **F97000005793** ✓

1. Entity Name

PTG Flatrock, Inc.

DO NOT WRITE IN THIS SPACE

668021

2. Principal Place of Business
11 Madison Avenue

Suite, Apt. #, etc.

3. Mailing Address
11 Madison Avenue

Suite, Apt. #, etc.

c/o CSFB, Inc. Attn: Corp Tax **c/o CSFB, Inc. Attn: Corp Tax**
New York, NY **New York, NY**

Zip **10010**

Country **USA**

Zip **10010**

Country **USA**

4. FEI Number **13-3972335**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

City **Tallahassee**

FL

Zip **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.

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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

Please See Attachment

TITLE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Edward Flynn

Date

Daytime Phone

(212) 325-5832

Attachment
FET 13-3972335
668021

ATTACHMENT
PTG Flatrock, Inc.
Officers & Directors

Title	V
Name	Goland, Lawrence M
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010

Title	S
Name	Russo, Lori M
Street Address	One Madison Avenue
City-St-Zip	New York, NY 10010

Title	V
Name	Hirsh, Todd D
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010

Title	D
Name	Flynn, Edward W
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010

Title	T
Name	Kindler, Zev A
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010

Title	C
Name	Zingalli, Thomas
Street Address	11 Madison Avenue
City-St-Zip	New York, NY 10010