2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **F97000006797** May 04, 2000 8:00 am Secretary of State 1. Entity Name SAVANNAH TEACHERS PROPERTIES, INC. 05-04-2000 90123 017 ***150.00 Principal Place of Business Mailing Address 730 THIRD AVENUE 730 THIRD AVENUE NEW YORK NY 10017-3206 NEW YORK NY 10017-3206 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-3611539 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PD TITLE □ Delete TITLE SOMERS, JOHN A NAME NAME STREET ADDRESS STREET ADDRESS 730 3RD AVENUE, 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME BERNHARD, RONALD NAME STREET ADDRESS STREET ADDRESS 730 3RD AVENUE, 9TH FLOOR CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME CLAPMAN, PETER C STREET ADDRESS STREET ADDRESS 730 3RD AVENUE, 9TH FLOOR CITY-ST-ZIE CITY-ST-ZIP **NEW YORK NY 10017** ☐ Change ☐ Addition Delete TITLE TITLE NAME DIGENNARO, PHILIP R NAME STREET ADDRESS STREET ADDRESS 730 3RD AVENUE, 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME DIGENNARO, PHILIP R STREET ADDRESS STREET ADDRESS 730 3RD AVENUE, 9TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Change ★ Addition ☐ Delete TITLE Secretary TITLE NAME NAME Mark L. Serlen STREET ADDRESS STREET ADDRESS 730 Third Avenue, 9th Floor CITY-ST-ZIP CITY-ST-ZIP New York, NY 10017 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.

4/15/00

(212) 916-4256

Daytime Phone #