2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

F9800000375

1. Entity Name

THR DEVELOPMENT MANAGEMENT INC.



FILED May 05, 2003 8:00 am Secretary of State

05-05-2003 90268 039 ***150.00

					WE THE				
Principal Place of Business % TISHMAN ASSET CORPORATION 666 FIFTH AVENUE NEW YORK NY 10103		Mailing Address % TISHMAN ASSET CORPORATION 666 FIFTH AVENUE NEW YORK NY 10103							
2. Principal Place of Business		3. Mailing Address						HI aa nk ca loo <u>h</u> hil	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State				4. F	El Number 13-3972097		pplied For ot Applicable
Zip	Country		Zip Coun		ntry 5.		Certificate of Status Desired	\$8.75 Ad	ditional
	6. Name and Address of Current	Registere	ed Agent			7. N	ame and Address of New Register	•	
					Name				
	ATION SERVICE COMPANY 'S STREET	Street Address			Address (f	s (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301									
				City			F	Zip Cod	de
	named entity submits this statement for tions of registered agent.	r the purp	ose of changing its re	egistered office	or register	ed age	ent, or both, in the State of Florida. I a	m familiar with	and accept
SIGNATURE .	•								
	Signature, typed or printed name of registered agent	and title if app	licable. (NOTE:	Registered Agent sign	ature required	when rei	nstating) DAT	E	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10.	OFFICERS AND	DIRECTO	IRECTORS 11.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CCEO VICKERS, JOHN A 666 FIFTH AVENUE NEW YORK NY 10103		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALES, WILLIAM J 666 FIFTH AVENUE NEW YORK NY 10103		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		***************************************		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	GRISWOLD, JOHN A 1200 EPCOT RESORTS BLVD. LAKE BUENA VISTA FL 32830		Delete .	TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Glob Neu	costi Liv Filo Yo	ive Vice President ingston FHW AVENUE OIK, NY 10103	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV SIMONE, JOSEPH J 666 FIFTH AVENUE NEW YORK NY 10103		☐ Delete	TITLE NAME STREET ADORESS CITY-ST-ZIP			,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV TISHMAN, DANIEL R 666 FIFTH AVENUE NEW YORK NY 10103		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
	S BUSCEMI, GARY 666 FIFTH AVENUE NEW YORK NY 10103		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition

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 truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

NATURE AND TYPED OR PRINTEDNAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

212/399-3600

Davtime Phone #