

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000783

1. Entity Name

LB-MHCCE I INC.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90097 001 ***450.00

Principal Place of Business

1201 ELM STREET, STE 5400
DALLAS TX 75270

Mailing Address

1201 ELM STREET, STE 5400
DALLAS TX 75270-2103

2. Principal Place of Business

3 WORLD FINANCIAL CENTER

Suite, Apt. #, etc.

29 TH FLOOR

City & State

NEW YORK NEW YORK

Zip

10205

Country

US

3. Mailing Address

101 HUDSON STREET

Suite, Apt. #, etc.

TAX DEPT. 39TH FLOOR

City & State

JERSEY CITY NEW JERSEY

Zip

07302

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2746672

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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 10205	
TITLE	DN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEAN K MARSAN	
STREET ADDRESS	101 HUDSON STREET	
CITY-ST-ZIP	JERSEY CITY, N.J. 07302	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JENNIFER MARRE	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK, NEW YORK 10205	
TITLE	DN	<input checked="" 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 10205	
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, N.J. 07302	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIEL O. MINERVA	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK, NEW YORK 10205	

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)