

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

DOCUMENT # **F98000002411**

1. Entity Name

AP/APMC-GP, Inc.

10x2  
FILED

02 JUL 31 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>2 Manhattanville Road</b> Suite, Apt. #, etc.		3. Mailing Address <b>2 Manhattanville Road</b> Suite, Apt. #, etc.	
City & State <b>Purchase, NY</b>		City & State <b>Purchase, NY</b>	
Zip <b>10577</b>	Country <b>US</b>	Zip <b>10577</b>	Country <b>US</b>
<b>DO NOT WRITE IN THIS SPACE</b>			
<p>4. FEI Number <b>52-2067626</b></p> <p>5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b></p> <p>7. Name and Address of Current Registered Agent</p> <p>Name: <b>CORPORATION SERVICE COMPANY</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 HAYS STREET</b></p> <p>City: <b>TALLAHASSEE</b> FL Zip Code: <b>32301</b></p>			

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) <input checked="" type="checkbox"/>	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. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Rick Koenigsberger 2 Manhattanville Road Purchase, NY 10577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700006818447--5
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Stuart Koenig 2 Manhattanville Road Purchase, NY 10577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President John J. Hannan 2 Manhattanville Road Purchase, NY 10577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Assist. Sec. Lee Neibart 2 Manhattanville Road Purchase, NY 10577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Controller Ronald J. Solotruk 2 Manhattanville Road Purchase, NY 10577	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Assist. Cont Joel Cohn 2 Manhattanville Rd, Purchase	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:

*Ronald J. Solotruk*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/02 914-694-6502  
Date Daytime Phone #

CR2E034B (12/01)

282



ACCOUNT NO. : 072100000032

REFERENCE : 684399 4332362

AUTHORIZATION :

COST LIMIT : \$ 558.75

ORDER DATE : July 30, 2002

ORDER TIME : 10:59 AM

ORDER NO. : 684399-015

CUSTOMER NO: 4332362

CUSTOMER: Ms. Diana J. Wilson  
Brownstein Hyatt & Farber,  
Suite 2200  
410 17th Street  
Denver, CO 80202

RECEIVED

02 JUL 31 AM 11:38

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: AP/APMC-GP, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar - Ext. 1124

EXAMINER'S INITIALS: \_\_\_\_\_