2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F98000002585 May 16, 2000 8:00 am 1. Entity Name Secretary of State NPMGP, INC. 05-16-2000 90054 012 ***150.00 Mailing Address Principal Place of Business 910 TRAVIS, STE. 1000 910 TRAVIS. STE. 1000 HOUSTON TX 77002 HOUSTON TX 77002-5806 2. Principal Place of Business 3. Mailing Address c/o DLJ, Inc. Attn: Corp. c/o DLJ, Inc. Attn: Corp. Tax Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 277 Park Avenue <u>277 Park Avenue</u> Applied For City & State City & State 4. FEI Number 13-3998887 New York, NY New York, NY Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 10172 Fee Required USA 10172 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITI F ☐ Addition TITLE WEIL, DAVID R NAME NAME STREET ADDRESS 277 Park Avenue STREET ADDRESS 14 GLOUCESTOR RD. CITY-ST-ZIP New York, NY 10172 CITY-ST-7IP SUMMIT NJ 07901 SV/P Kin Change ☐ Addition TITLE ☐ Delete TITLE RIFKIN, ANDREW P NAME NAME STREET ADDRESS 277 Park Avenue STREET ADDRESS ONE PARK PL. CITY-ST-7IP CITY-ST-ZIP SHORT HILLS NJ 07078 New York, NY 10172 **K** Change Addition TITLE DVT ☐ Delete TITLE V/D NAME SALAME, KAMIL M NAME 277 Park Avenue STREET ADDRESS STREET ADDRESS 245 E. 54TH ST., #24K New York, NY 10172 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022 Change TITLE ☐ Delete S Addition WHITE, MARJORIE S NAME 277 Park Avenue STREET ADDRESS STREET ADDRESS 10 WEST 15TH ST. CITY-ST-ZIP CITY-ST-ZIP New York, NY 10172 **NEW YORK NY 10011** TITI F DAS X Delete TITLE ☐ Change Addition NAME POWER, CLAIRE M NAME STREET ADDRESS STREET ADDRESS 210 WEST 101ST ST. #8B CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10025** [X] Change ☐ Delete TITLE V/DT Addition TITLE FLAMBERG, STUART S NAME NAME 277 Park Avenue STREET ADDRESS STREET ADDRESS 7 DONNA DR. CITY-ST-ZIP New York, NY 10172 CITY-ST-ZIP EDISON NJ 08820 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 surplemental report is tripe 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 attention of the corporation of th

Mark A. Competiello

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 2 5 2000

(212) 892-4939

Attach

DH F98WWD585

Title Name

V/

Street Address

City-State-Zip

V/TM

Mark A. Competiello

277 Park Ave.

New York, NY 10172