

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000002585**1. Entity Name
NPMGP, INC.Principal Place of Business
**C/O DLJ, INC. ATTN: CORP TAX
277 PARK AVENUE
NEW YORK NY 10172**Mailing Address
**C/O DLJ, INC. ATTN: CORP TAX
277 PARK AVENUE
NEW YORK NY 10172**2. Principal Place of Business
277 Park Avenue
Suite, Apt. #, etc.3. Mailing Address
c/o CSFB (USA), Inc.
Suite, Apt. #, etc.
277 Park Avenue, Attn: Tax Dept.City & State
New York, NYCity & State
New York, NY4. FEI Number **13-3998887**Applied For
☐ Not ApplicableZip Country
10172 USAZip Country
10172 USA5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, 2001 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 **DP** ☐ Delete
NAME **WEIL, DAVID R**
STREET ADDRESS **277 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10172**TITLE **SVP** ☐ Delete
NAME **RIFKIN, ANDREW P**
STREET ADDRESS **277 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10172**TITLE **VD** ☐ Delete
NAME **SALAME, KAMIL M**
STREET ADDRESS **277 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10172**TITLE **S** ☒ Delete
NAME **WHITE, MARJORIE S**
STREET ADDRESS **277 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10172**TITLE **VDT** ☐ Delete
NAME **FLAMBERG, STUART S**
STREET ADDRESS **277 PARK AVENUE**
CITY-ST-ZIP **NEW YORK YK 10172**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **D/SV** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **S** ☐ Change ☒ Addition
NAME **Lori M. Russo**
STREET ADDRESS **11 Madison Avenue**
CITY-ST-ZIP **New York, NY 10010**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V/TM** ☐ Change ☒ Addition
NAME **Mark A. Competiello**
STREET ADDRESS **277 Park Avenue**
CITY-ST-ZIP **New York, NY 10172**

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 reports 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: **Mark A. Competiello**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 27 2001

Date

(212) 892-4939

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)