

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90314 036 \*\*\*150.00

**DOCUMENT # F98000002585**

1. Entity Name  
**NPMGP, INC.**



Principal Place of Business  
**277 PARK AVENUE  
NEW YORK NY 10172**

Mailing Address  
**C/O DLJ. INC. ATTN: CORP TAX  
277 PARK AVENUE  
NEW YORK NY 10172**

**10102115**



2. Principal Place of Business  
**910 Travis Suite 1000**

3. Mailing Address  
**c/o CSFB, Inc., Attn: Corp Tax**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**11 Madison Avenue**

City & State

**Houston, TX**

City & State

**New York, NY**

4. FEI Number **13-3998887**

Applied For

Not Applicable

Zip  
**77002**

Country

Zip  
**10010**

Country

5. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **DSV** ☐ Delete  
NAME **RIFKIN, ANDREW P**  
STREET ADDRESS **277 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10172**

TITLE **P/D** ☒ Change ☐ Addition  
NAME **Rifkin, Andrew P.**  
STREET ADDRESS **11 Madison Avenue**  
CITY-ST-ZIP **New York, NY 10010**

TITLE **VD** ☒ Delete  
NAME **SALAME, KAMIL M**  
STREET ADDRESS **277 PARK AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10172**

TITLE **V/D** ☐ Change ☒ Addition  
NAME **Sholem, Barry A.**  
STREET ADDRESS **2121 Ave. of the Stars**  
CITY-ST-ZIP **Los Angeles, CA 90067**

TITLE **S** ☐ Delete  
NAME **RUSO, LORI M**  
STREET ADDRESS **11 MADISON AVENUE**  
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **DISCO, RAYMOND**  
STREET ADDRESS **11 MADISON AVE**  
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VDT** ☐ Delete  
NAME **FLYNN, ED**  
STREET ADDRESS **11 MADISON AVE**  
CITY-ST-ZIP **NEW YORK NY 10010**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 trustee 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **5-1-03** Daytime Phone #

CR2E034 (10/02)