

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003172

1. Entity Name
PAMI-FL5 INC.

FILED
May 05, 2001 8:00 am
Secretary of State
05-05-2001 90306 001 ***750.00

Principal Place of Business
3 WORLD FINANCIAL CTR
NEW YORK NY 10285
US

Mailing Address
101 HUDSON ST
39TH FLOOR
JERSEY CITY NJ 07302
US

41830



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 22-3635560		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM 1201 HAYS STREET STE 105 TALLAHASSEE FL 32301				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 _____ (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. <input type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHO, YON K			NAME			
STREET ADDRESS	3 WORLD FINANCIAL CTR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10285			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	O'BRIEN, BARRY J			NAME			
STREET ADDRESS	101 HUDSON STREET			STREET ADDRESS			
CITY-ST-ZIP	JERSEY CITY NJ 07302			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARRE, JENNIFER			NAME			
STREET ADDRESS	3 WORLD FINANCIAL CTR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10285			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MINERVA, DANIEL O			NAME			
STREET ADDRESS	3 WORLD FINANCIAL CTR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10285			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FLANNERY, JOSEPH J			NAME			
STREET ADDRESS	3 WORLD FINANCIAL CTR			STREET ADDRESS			
CITY-ST-ZIP	NEW YORK NY 10285			CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEYLOR, EDWARD J			NAME	Karen C. Manson		
STREET ADDRESS	3 WORLD FINANCIAL CTR			STREET ADDRESS	3 World Financial Center		
CITY-ST-ZIP	NEW YORK NY 10285			CITY-ST-ZIP	New York, N.Y. 10285		

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 Vice President 4-27-01 (20) 524-5822

Date

Daytime Phone #

CR2E034 (10/00)