

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90115 045 \*\*\*150.00

03/2002 AI

**DOCUMENT # F98000006862**

1. Entity Name  
**LOUIS DREYFUS PROPERTY GROUP INC.**

Principal Place of Business      Mailing Address  
**10 WESTPORT ROAD**      **C/O CORP TAX DEPT**  
**PO BOX 810**      **10 WESTPORT RD**  
**WILTON CT 06897-0810**      **WILTON CT 06897-0810**

**80100755**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**20 Westport Road**      **c/o Corp. Tax Dept.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

**20 Westport Road**

City & State      City & State  
**Wilton, CT**      **Wilton, CT**

Zip      Country      Zip      Country  
**06897-0810**      **USA**      **06897-0810**      **USA**

4. FEI Number      Applied For  
**13-2967672**      Not Applicable

5. Certificate of Status Desired       **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**7. Name and Address of New Registered Agent**

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, 2002 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**

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

TITLE	<b>C</b> <input type="checkbox"/> Delete
NAME	<b>LOUIS-DREYFUS, GERARD</b>
STREET ADDRESS	<b>200 PARK AVENUE</b>
CITY-ST-ZIP	<b>NEW YORK NY 10166</b>
TITLE	<b>P</b> <input type="checkbox"/> Delete
NAME	<b>SUSSMAN, JEFFREY I</b>
STREET ADDRESS	<b>200 PARK AVENUE</b>
CITY-ST-ZIP	<b>NEW YORK NY 10166</b>
TITLE	<b>EV</b> <input type="checkbox"/> Delete
NAME	<b>STEINER, ERNEST F</b>
STREET ADDRESS	<b>200 PARK AVE</b>
CITY-ST-ZIP	<b>NEW YORK NY 10166</b>
TITLE	<b>EV</b> <input type="checkbox"/> Delete
NAME	<b>BARIBEAU, ROLLAND</b>
STREET ADDRESS	<b>200 PARK AVENUE</b>
CITY-ST-ZIP	<b>NEW YORK NY 10166</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>GILMAN, JEFFREY</b>
STREET ADDRESS	<b>10 WESTPORT ROAD</b>
CITY-ST-ZIP	<b>WILTON CT 06897-0810</b>
TITLE	<b>V</b> <input type="checkbox"/> Delete
NAME	<b>SHEPHERD, DAVID B</b>
STREET ADDRESS	<b>10 WESTPORT ROAD</b>
CITY-ST-ZIP	<b>WILTON CT 06897</b>

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Gilman, Jeffrey</b>
STREET ADDRESS	<b>20 Westport Road, P.O. Box 810</b>
CITY-ST-ZIP	<b>Wilton, CT 06897-0810</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Shepherd, David B.</b>
STREET ADDRESS	<b>20 Westport Road, P.O. Box 810</b>
CITY-ST-ZIP	<b>Wilton, CT 06897-0810</b>

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: Hal Wolkin      Date: 4/26/02      Daytime Phone #: (203) 761-8242  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)

LOUIS DREYFUS PROPERTY GROUP, INC.  
20 WESTPORT ROAD  
WILTON, CT 06897-0810

04/17/2002

*Attachment*

*# F980000086*

DIRECTORS

LOUIS DREYFUS HOLDING COMPANY INC. AS MANAGEMENT

OFFICERS

BUSINESS ADDRESS

GERARD LOUIS-DREYFUS	CHAIRMAN	200 PARK AVE, NEW YORK, NY 10166
JEFFREY I. SUSSMAN	PRESIDENT	200 PARK AVE, NEW YORK, NY 10166
ERNEST F. STEINER	EXEC VP	200 PARK AVE, NEW YORK, NY 10166
ROLLAND BARIBEAU	EXEC VP	200 PARK AVE, NEW YORK, NY 10166
JEFFREY R. GILMAN	VICE PRES	20 WESTPORT RD, WILTON, CT 06897-0810
ROBERT GREEN	VICE PRES	169 SAXONY RD, SUITE 113, ENCINAS, CA 92024
DAVID B. SHEPHARD	VICE PRES	20 WESTPORT RD, WILTON, CT 06897-0810
HAL WOLKIN	VICE PRES	20 WESTPORT RD, WILTON, CT 06897-0810
RICHARD D. GRAY	TREASURER	20 WESTPORT RD, WILTON, CT 06897-0810
CAROL R. ARONOFF	SECRETARY	20 WESTPORT RD, WILTON, CT 06897-0810
THOMAS SCHEUER	ASST SECR	20 WESTPORT RD, WILTON, CT 06897-0810