

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000339

1. Entity Name

PAMI-FL15 INC.

FILED

May 05, 2001 8:00 am  
Secretary of State

05-05-2001 90293 001 \*\*\*900.00

41685



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
% LEHMAN BROTHERS INC.  
3 WORLD FINANCIAL CENTER, 12TH FLOOR  
NEW YORK NY 10285

Mailing Address  
39TH FLOOR  
101 HUDSON STREET  
JERSEY CITY NJ 07302

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 22-3635571

Applied For  
Not Applicable

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	CHO, YON K	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEYLOR, EDWARD J	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARSAN, DEAN	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	VAS	<input checked="" type="checkbox"/> Delete
NAME	HEALY, WALTER F.X.	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	S	<input type="checkbox"/> Delete
NAME	MARRE, JENNIFER	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	
TITLE	AS	<input type="checkbox"/> Delete
NAME	BANNON, EILEEN	
STREET ADDRESS	3 WORLD FINANCIAL CENTER	
CITY-ST-ZIP	NEW YORK NY 10285	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yon K. Cho	
STREET ADDRESS	3 World Financial Center	
CITY-ST-ZIP	New York, N.Y. 10285	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dean K. Marsan	
STREET ADDRESS	101 Hudson St.	
CITY-ST-ZIP	Jersey City, N.J. 07302	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barry J. O'Brien	
STREET ADDRESS	101 Hudson St.	
CITY-ST-ZIP	Jersey City, N.J. 07302	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eileen M. Bannon	
STREET ADDRESS	1 World Financial Center	
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

Date

(201) 524-5822

Daytime Phone #

CR2E034 (10/00)