

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90015 044 ***150.00

DOCUMENT # F99000005120

1. Entity Name

GRP LOAN CORP.

Principal Place of Business

Mailing Address

**444 PARK AVENUE SOUTH, 8TH FLOOR
 NEW YORK NY 10016**

**444 PARK AVENUE SOUTH, 8TH FLOOR
 NEW YORK NY 10016-7321**

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

13-4076298

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

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, 2000 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	P	<input type="checkbox"/> Delete
NAME	BOWDEN, NATALIE	
STREET ADDRESS	444 PARK AVENUE SOUTH, 8TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10016	
TITLE	V	<input type="checkbox"/> Delete
NAME	ROBERTS, DAVID	
STREET ADDRESS	245 PAK AVE., 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10167	
TITLE	V	<input type="checkbox"/> Delete
NAME	GORDON, MICHAEL	
STREET ADDRESS	245 PAK AVE., 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10167	
TITLE	S	<input type="checkbox"/> Delete
NAME	DINARDI, JOANNE	
STREET ADDRESS	245 PAK AVE., 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10167	
TITLE	ASD	<input type="checkbox"/> Delete
NAME	KOHN, BEN	
STREET ADDRESS	245 PAK AVE., 26TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10167	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEST, LANCE	
STREET ADDRESS	444 PARK AVENUE SOUTH, 8TH FLOOR	
CITY-ST-ZIP	NEW YORK NY 10016	

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	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
 Date

Daytime Phone #

CR2E034 (9/99)