2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F99000005293 LB Work Place Inc. Principal Place of Purioses Mailing Address Mailing Address

1. Entity Name						Secretary of State				
•						04-19-2000 90211 001 ***450.00				
	ork Place Inc.									
Principal Place of Business Mailing Address										
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					1					
2. Principal Place of Business 3. Mailing Address										
3 World Financial Center 101 Hudson St				<u>t</u>	l					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
		39th Floor								
City & State		City & State			4. F	4. FEI Number			pplied For	
	ork, NY	Jersey City, NJ				13-4095702			ot Applicable	
Zip 10295	Country U.S	7ip 07302		untry I.S.	5. C	ertificate of Status Desired		75 Add		
10285	6. Name and Address of Current			1.0.	<u>}</u>	ame and Address of New Po		Require	<u></u>	
	B. Name and Address of Corrent	Registered Agent		7. Name and Address of New Registered Agent Name						
				Street Address (P.O. Box Number is Not Acceptable)						
Corpo	ration Service Compa	ınv								
	Hays Street	J						-		
	assee, FL 32301									
1 anan		City FL Zip Code								
9 The above	named entity submits this statemen	for the nurnose of chancir	na its rea	istered office o	r register	ed agent, or both, in the State				
o. The above	Harried entity subtritts this statement	tion the purpose or changing	ig its reg	istored emice t	n register	co agent, or both, in the out	o or r parage.			
									ĺ	
SIGNATURE										
	Signature, typed or printed name of regist	ered agent and title if applicab	le.	(NOTE: Register	ed Agent si	gnature required when reinstating) DATE			
										
9. This corpor		IS \$150.00					May Ba			
Tax filing re		will be \$550		Trust Fund Contribution. Added to Fees						
(See criteri	a on back)	Make Check Payal	ole to D	epartment o						
11.	OFFICERS AND I	DIRECTORS	12.		ADDIT	IONS/CHANGES TO OFFIC	ERS AND DIR	ECTOR	S IN 11	
TITLE .	P	Delete	TITL					Change	Addition	
NAME .	Carmine Visone		NAM						.[
owerses 5 World Financial Center				EET ADORESS	[8					
CITY - ST - ZIP	New York, NY 1028		\dashv	· ST - ZiP						
TITLE	<u>V</u>	Delete	πιυ					Change	Addition (
NAME	Barry J. O'Brien		NAM	ľ						
STREET ADDRESS	101 Hauson Street			ET ADORESS						
CITY - ST - ZIP	Jersey City, NJ 073							0		
TITLE	S	Delete	TITL				\Box	Change	Addition	
NAME	Jennifer Marre	~ .	NAM	ſ						
STREET ADDRESS	3 World Financial Center			ETADDRESS - ST - ZIP						
CITY - ST - ZIP	<u>New York, NY 1028</u>	Delete		+				Change	Addition	
TITLE	I Daniel O Minamo	Descue	TITL!	i				Change		
Daniel O. Willer va									j	
3 World Financial Center										
	New York, NY 1028							Change	Addition	
TITLE	AS Dekke TILE			1				J 190		
Lifech M. Dankon										
STREET ADDRESS OITY - ST - ZIP New York, NY 10285										
	D	Delete	חתו					Change	Addition	
TITLE NAME			NAM					~. ~. ~		
J Joseph J. Flannery			ET ADDRESS					1		
CITY-ST-ZIP New York, NY 10285									ľ	
	tify that the information supplied wit	tion 119,07(3)(i). Florida Statu	ites. I further o	ertify the	at the					
TOUTION CON CON	my making imprination aupprior with	tal and the talk and and		d Albert	4	the same level offers	a if annula made	db. (that I am an	

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.

CIC	NI A	TII	RE:
JIG	11/	11 U	

Barry J. O'Brien
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/00

(201) <u>5</u>24-5822

Date

Daytime Phone #