

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99006005293
 1. Entity Name LB Work Place Inc

FILED

01 MAY 30 PM 6:39

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 LB WORK PLACE INC.

2. Principal Place of Business 3. Mailing Address
 3 WORLD FINANCIAL CNTR 101 HUDSON STREET
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 39th FLOOR

City & State City & State
 NEW YORK, NY JERSEY CITY, NJ
 Zip Country Zip Country
 10285 U.S. 07302 U.S.

4. FEI Number 13-4095702 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
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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 file 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 WITH 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARMINE YISONE		NAME	800004335648--6	
STREET ADDRESS	3 WORLD FINANCIAL CENTER		STREET ADDRESS	-05/31/01--01042--003	
CITY-ST-ZIP	NEW YORK, N.Y 10285		CITY-ST-ZIP	****650.00 ****150.00	
TITLE	N	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRY J. O'BRIEN		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	JENNIFER MARRE		NAME		
STREET ADDRESS	3 WORLD FINANCIAL CNTR.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, N.Y 10285		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DANIEL O. MINERVA		NAME		
STREET ADDRESS	3 WORLD FINANCIAL CNTR.		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, N.Y 10285		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOSEPH J. FIANNERY		NAME		
STREET ADDRESS	3 World Financial Center		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, N.Y. 10285		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Carmine J. O'Brien Vice President 4/30/01 (201) 524-5822
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)