## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 19, 2002 8:00 am Secretary of State F99000005397 DOCUMENT # 1. Entity Name INDEPENDENCE PARK LAND INC. 02-19-2002 90106 042 \*\*\*150.00 Mailing Address Principal Place of Business 270 PARK AVENUE: 35TH:FLOOR 270 PARK AVENUE, 35TH FLOOR NEW YORK NY 10017 NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-4080941 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Director ☐ Change Addition TITLE ☐ Delete TITLE Leslie F. Whatley VECCHIO, LEONARD NAME NAME 2 Chase Manhattan Plaza 2 CHASE MANHATTAN PLAZA STREET ADDRESS STREET ADDRESS New York, NY 10081 **NEW YORK NY 10081** CITY-ST-ZIP CITY-ST-ZIP Vice President X Addition Change TITLE ☐ Delete TITLE Robert L. Felten ENDERS, EDWARD NAME NAME 2 Chase Manhattan Plaza T CHASE MANHATTAN PLAZA STREET ADDRESS STREET ADDRESS **NEW YORK NY 10081** CITY-ST-ZIP New York, NY 10081 CITY-ST-ZIP Vice President & Asst. Secy □ Change Delete TITLE TITLE Peter Reiter CARROLL, ROBERT C NAME NAME STREET ADDRESS 270 PARK AVENUE, 35TH FLOOR STREET ADDRESS 575 Washington Blvd. CITY-ST-ZIP **NEW YORK NY 10017** CITY-ST-ZIP Jersev City, NJ 07310 ☐ Change ☐ Addition ☐ Delete TITLE TITLE GRIFFIN, JOAN T NAME NAME STREET ADDRESS 2 CHASE MANHATTAN PLAZA STREET ADDRESS CITY-ST-7IP **NEW YORK NY 10081** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE CAMPBELL, RUSSELL NAME NAME STREET ADDRESS 1 CHASE MANHATTAN PLAZA STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10081** CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE 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: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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