

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 19, 2001 8:00 am
Secretary of State

07-19-2001 90005 008 ***550.00

0105390 AT

DOCUMENT # F99000006310

1. Entity Name

BTM PROPERTIES CORPORATION

Principal Place of Business

**C/O BANKERS TRUST COMPANY
 130 LIBERTY STREET - M/S 2310
 NEW YORK NY 10006**

Mailing Address

**C/O BANKERS TRUST COMPANY
 130 LIBERTY STREET - M/S 2310
 NEW YORK NY 10006**

2. Principal Place of Business

C/O Bankers Trust Company

3. Mailing Address

C/O Bankers Trust Company

Suite, Apt. #, etc.

130 Liberty Street - NYC02-3100

Suite, Apt. #, etc.

130 Liberty Street - NYC02-3100

City & State

New York, NY 10006

City & State

New York, NY 10006

4. FEI Number

52-2031961

Applied For

☐ Not Applicable

Zip

10006

Country

U.S.A.

Zip

10006

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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

TITLE ☐ Delete
 NAME **PCD**
 STREET ADDRESS **EGAN, JAMES D**
 CITY-ST-ZIP **130 LIBERTY STREET - M/S 2252**
NEW YORK NY 10006

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **SPOSITO, GREGORY D**
 CITY-ST-ZIP **130 LIBERTY STREET - M/S 2252**
NEW YORK NY 10006

TITLE ☐ Delete
 NAME **S**
 STREET ADDRESS **WEST, SANRDA L**
 CITY-ST-ZIP **130 LIBERTY STREET - M/S 2310**
NEW YORK NY 10006

TITLE ☒ Delete
 NAME **T**
 STREET ADDRESS **HEIMLICH, PHILIP**
 CITY-ST-ZIP **130 LIBERTY STREET - M/S 2257**
NEW YORK NY 10006

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **JOHNSON, ALEXANDER B**
 CITY-ST-ZIP **130 LIBERTY STREET - M/S 2252**
NEW YORK NY 10006

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MARRISON, BRUCE P**
 CITY-ST-ZIP **130 LIBERTY STREET - M/S 2252**
NEW YORK NY 10006

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **T**
 STREET ADDRESS **STEVE LAPHAM**
 CITY-ST-ZIP **130 LIBERTY STREET - NYC02-2502**
NEW YORK NY 10006

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME **MORRISON, BRUCE P**
 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:

Sandra L. West/Secretary
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 9, 2001 212-250-2161

Date

Daytime Phone #

CR2E034 (5/01)