

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K40001

1. Entity Name

TBC ATRIUM, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90267 002 \*\*\*150.00

Principal Place of Business C/O G.E. CAPITAL INVESTMENT ADVISORS 444 MARKET ST SUITE 2100 SAN FRANCISCO CA 94111	Mailing Address C/O G.E. CAPITAL INVESTMENT ADVISORS 444 MARKET ST SUITE 2100 SAN FRANCISCO CA 94111-5331
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2. Principal Place of Business 125 Summer Street	3. Mailing Address 444 Market Street
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Suite, Apt. #, etc. Suite 1270	Suite, Apt. #, etc. Suite 2100
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City & State Boston, MA	City & State San Francisco, CA
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Zip 02110	Country	Zip 94111	Country
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4. FEI Number 04-3047010	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 NAME STREET ADDRESS CITY-ST-ZIP	DPAS HATTON, JILL S ONE BOSTON PL STE 1810 BOSTON MA 92108 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPAC Carey, Kathleen B. 125 Summer Street, #1270 Boston, MA 02110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS BRADLEY, DANIEL J 444 MARKET ST SUITE 2100 SAN FRANCISCO CA 94111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Hatton, Jill S. 125 Summer Street, #1270 Boston, MA 02110 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT FELL, KATHY 444 MARKET ST STE 2100 SAN FRANCISCO CA 94111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPST Klugherz, Thomas C. 444 Market Street, #2100 San Francisco, CA 94111 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAT KANG, ANDREW 444 MARKET ST SUITE 2100 SAN FRANCISCO CA 94111 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPAS Mitchelson, Lisa A. 125 Summer Street, #1270 Boston, MA 02110 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS KLUGHERZ, THOMAS C 444 MARKET ST SUITE 2100 SAN FRANCISCO CA 94111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NASMYTH, FERNANDO 444 MARKET ST STE 2100 SAN FRANCISCO CA 94111 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)