

2001 UNIFORM BUSINESS REPORT (UBR)

0031825 AB

DOCUMENT # M00000000514

1. Entity Name
DFNA CO., LLC

FILED

01 MAY -1 PM 5:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3 GANNETT DRIVE
WHITE PLAINS NY 10604-3409

Mailing Address
3 GANNETT DRIVE
WHITE PLAINS NY 10604 3409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 13-1285240

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE President /Manager ☐ Delete
NAME Lars Kirkegard
STREET ADDRESS 375 Park Avenue
CITY-ST-ZIP New York, NY 10152-0192

TITLE ☐ Change ☐ Addition
NAME 4000004273184
STREET ADDRESS -05/21/01--01078--023
CITY-ST-ZIP *****50.00 *****50.00

TITLE Vice President /Manager ☐ Delete
NAME Kevin Conway
STREET ADDRESS 800 Third Avenue
CITY-ST-ZIP New York, NY 10022

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

TITLE Vice President/Secretary ☐ Delete
NAME Barry O'Neil
STREET ADDRESS 375 Park Avenue
CITY-ST-ZIP New York, NY 10152-0192

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

TITLE Assistant Secretary/Manager ☐ Delete
NAME Howard F. Miller
STREET ADDRESS 800 Third Avenue
CITY-ST-ZIP New York, NY 10022

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Kevin Conway

Vice President

4/23/01

(212) 572-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)