Applied For

## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # M01000001529

## REGUS CRESCENT BUSINESS CENTERS LLC

Principal	Place	of	Business
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Mailing Address

100 MANHATTANVILLE ROAD **PURCHASE NY 10577** 

100 MANHATTANVILLE ROAD PURCHASE NY 10577

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

	6. Name and Address of Current R	legistered Agent			7. Name and Address of New Re	gistere	d Agent
Zip	Country	Zip	Coun	ry	5. Certificate of Status Desired		\$5.00 Additional Fee Required
							I Mot Applicable

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

Name			
_ =	<u> </u>	*. *	
Street Address (P	.O. Box Number is Not A	Acceptable)	
City			7:- 0

13-4146801

4. FEI Number

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.

FILE NOW!!! FEE IS \$50.00

(NOTE: Registered Agent signature required when reinstating)

Make Check Payable to Department of State Due By May 1, 2002

		Due	By May 1, 200	)2				
9. MANAGING MEMBERS/MANAGERS		ANAGERS	10.		ADDITIONS/CHAN	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DIXON, MARK 3000 HILLSWOOD DRIVE CHERTSEY UK KT160-RS	i⊠ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		udreau ttanville Road NY 10577	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEES, WILLIAM I JR. 100 MANHATTANVILLE ROAD PURCHASE NY 10577	IX Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager Richard P 100 Manha		☐ Change	<b>⊠</b> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LOVETT, HOWARD 777 MAIN STREET FORT WORTH TX 76102	□ Delete 	TITLE  NAME -  STREET ADDRESS  CITY-ST-ZIP		وير م جديد د	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP	Manager Jerry Cre 777 Main Fort Wort	Street	☐ Change	X Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition	

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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

914-304-4100