

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2003 8:00 am
Secretary of State
04-02-2003 90012 015 ****50.00

0073269

DOCUMENT # M02000001290

1. Entity Name
MBSC, LLC



Principal Place of Business

Mailing Address

**200 PARK AVE.
NEW YORK NY 10166**

**200 PARK AVE.
NEW YORK NY 10166**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **25-1800439**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE ~~MAN X~~ President ☒ Delete
NAME **DAVID, JOHN**
STREET ADDRESS **200 PARK AVE.**
CITY-ST-ZIP **NEW YORK NY 10166**

TITLE President ☒ Change ☐ Addition
NAME **J. David Officerr**
STREET ADDRESS **200 Park Avenue**
CITY-ST-ZIP **New York, NY 10166**

TITLE ~~MAN X~~ C.F.O. ☐ Delete
NAME **MARESCA, WILLIAM H**
STREET ADDRESS **200 PARK AVE.**
CITY-ST-ZIP **NEW YORK NY 10166**

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

TITLE Chief Compliance Officer ☐ Delete
NAME **Steven Storen**
STREET ADDRESS **200 Park Ave NY NY 10166**
CITY-ST-ZIP

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

TITLE Chief Operating Officer ☐ Delete
NAME **Ken Bradle**
STREET ADDRESS **200 Park Ave NY NY 10166**
CITY-ST-ZIP

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

TITLE Vice President - Tax ☐ Delete
NAME **Theodore A. Schachar**
STREET ADDRESS **200 Park Ave NY NY 10166**
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

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

Theodore A. Schachar VP-Tax 212-922-7550 3/21/03

Date

Daytime Phone #

CR2E083 (10/02)