

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0012961 AF

DOCUMENT # *M97000000828*

1. Entity Name  
FALCON LENDING, L.C.

00 APR 23 AM 10:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
2015 WEST MAIN STREET  
STAMFORD CT 06902

Mailing Address  
2015 WEST MAIN STREET  
STAMFORD CT 06902-4536



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

06-1484806

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

*MM*

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES INC.  
3953 WW KELLEY ROAD  
TALLAHASSEE FL 32311

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 \_\_\_\_\_ (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 MGR  
NAME SCHWARTZ, VERNON B  
STREET ADDRESS 2015 WEST MAIN STREET  
CITY-ST-ZIP STAMFORD CT 06902  Delete

TITLE Mgr.  
NAME David A. Karp.  Change  Addition  
STREET ADDRESS 2015 West Main St.  
CITY-ST-ZIP Stamford, CT 06902

TITLE MGR  
NAME HUNT, JAMES K  
STREET ADDRESS 1 SUNAMERICA CENTER, 38TH FLOOR  
CITY-ST-ZIP LOS ANGELES CA 90067  Delete

TITLE Mgr.  
NAME Peter. Aberg  Change  Addition  
STREET ADDRESS 85 Broad Street  
CITY-ST-ZIP New York, NY. 10004

TITLE MGR  
NAME LAPHAM, JOHN G III  
STREET ADDRESS 1 SUNAMERICA CENTER, 38TH FLOOR  
CITY-ST-ZIP LOS ANGELES CA 90067  Delete

TITLE  
NAME  
STREET ADDRESS 800003245748--5  
CITY-ST-ZIP -05/09/00--01126--007

TITLE MGR  Delete  
NAME MAUCHIN, STEVEN T  
STREET ADDRESS 85 BROAD STREET  
CITY-ST-ZIP NEW YORK NY 10004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  Delete  
NAME CHRISTIE, ROBERT J  
STREET ADDRESS 85 BROAD STREET  
CITY-ST-ZIP NEW YORK NY 10004

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE: *David A. Karp* 4/20/00 (203) 967-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)