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2001	UNIFORM	BUSINESS	REPORT	(UBR)

Principal Place of Business 4 COLUMBUS CIRCLE. 5TH FLOOR NEW YORK NY 10019 4 COLUMBUS CIRCLE. 5TH FLOOR NEW YORK NY 10019 5 COUNTY 5 SEURE FARY OF STATE TABLET ASSET FLORIDA A COLUMBUS CIRCLE. 5TH FLOOR NEW YORK NY 10019 3. Mailing Address Suite. Apt. 4, etc. City & State Applied F. Name NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAY'S STREET, SUITE #2 TALLAHASSEE FL 32301 City City FL Zip Code Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Name Street Address (P.O. Box Number is Not Acceptable) DATE CITY STATE MGRM MANAGING MEMBERS / MEMBERS MESTEL, LAWRENCE S STREET ADDRESS ADDITIONS/CHANGES ADDIT	$\overline{}$
Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 95-4248437 Applied F Not Applied F N	$\overline{}$
City & State City & State City & State City & State 4. FEI Number 95-4248437 Zip Country 5. Certificate of Status Desired Fee Required Fee Required Fee Required 7. Name and Address of New Registered Agent Name NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301 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 INOM/III-FEE-IS, \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS TITLE NAME MESTEL, LAWRENCE S STREET ADDRESS STREET ADDRESS ACOLUMBUS CIRCLE NEW YORK NY 10019 TITLE Delete TITLE Delete De	$\overline{}$
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6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. 1406 HAYS STREET, SUITE #2 TALLAHASSEE FL 32301 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its 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!!!-FRE-IS.\$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS ITILE MGRM MESTEL, LAWRENCE S STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 TITLE Delete TITLE Delete TITLE Change A	
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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 informat 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:	tion