

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05707

1. Entity Name

AUTRANET, INC.

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90307 028 ***150.00

Principal Place of Business

Mailing Address

C/O DLJ, INC. ATTN: CORP TAX
 277 PARK AVE
 NEW YORK NY 10172
 US

C/O DLJ, INC. ATTN: CORP TAX
 277 PARK AVE
 NEW YORK NY 10172-0003
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2961507

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
 1200 S. 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so. ☒
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DC ☐ Delete
 NAME COMPETIELLO, MARK A
 STREET ADDRESS 277 PARK AVE
 CITY-ST-ZIP NEW YORK NY 10172

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

TITLE PTD ☐ Delete
 NAME FONTANA, VICTOR J.
 STREET ADDRESS 277 PARK AVE
 CITY-ST-ZIP NEW YORK NY 10172

TITLE P/CEO/T/D ☒ Change ☐ Addition
 NAME P/CEO/T/D
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SD ☐ Delete
 NAME BOYD, MICHAEL A.
 STREET ADDRESS 277 PARK AVENUE
 CITY-ST-ZIP NEW YORK NY

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

TITLE V ☒ Delete
 NAME PUGLISI, LARRY
 STREET ADDRESS 1 PERSHING PLAZA
 CITY-ST-ZIP JERSEY CITY NJ

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

TITLE SVP ☐ Delete
 NAME FORTE, LUGENE
 STREET ADDRESS 277 PARK AVE
 CITY-ST-ZIP NEW YORK NY 10172

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

TITLE AS ☐ Delete
 NAME WHITE, MARJORIE S
 STREET ADDRESS 277 PARK AVENUE
 CITY-ST-ZIP NEW YORK NY 10172

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

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mark A. Competiello
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 20 2000

Date

(212)892-4939

Daytime Phone #

CR2E034 (9/99)