2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State
05-24-2002 91330 014 ***150.00

DOCUMENT # P06716

1. Entity Name
TURNER DEVELOPMENT CORPORATION

Principal Place of Business
375 HUDSON STREET
NEW YORK NY 10014

Mailing Address
375 HUDSON STREET
NEW YORK NY 10014

[redacted]

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2686470 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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, 2002 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	CEOP ☒ Delete	TITLE	CEOP CFO ☑ Change ☐ Addition
NAME	PARMELEE, HAROLD J	NAME	DONALD G. SLEEMAN
STREET ADDRESS	375 HUDSON ST.	STREET ADDRESS	901 MAIN STREET
CITY-ST-ZIP	NY NY	CITY-ST-ZIP	DALLAS, TX 75202
TITLE	VTC ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	ALEXANDER, ANDREW S	NAME	
STREET ADDRESS	375 HUDSON ST.	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10014	CITY-ST-ZIP	
TITLE	D ☒ Delete	TITLE	☑ Change ☐ Addition
NAME	GRANETTE, ELLIS T JR	NAME	THOMAS C LEPPERT
STREET ADDRESS	375 HUDSON ST	STREET ADDRESS	901 MAIN STREET
CITY-ST-ZIP	NEW YORK NY 10014	CITY-ST-ZIP	DALLAS, TX 75202
TITLE	CFO ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SLEEMAN, D.G.	NAME	
STREET ADDRESS	375 HUDSON STREET	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	S ☒ Delete	TITLE	S ☑ Change ☐ Addition
NAME	GOZO, SARA J	NAME	LORI V WILLOX
STREET ADDRESS	375 HUDSON STREET	STREET ADDRESS	901 MAIN STREET
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	DALLAS, TX 75202
TITLE	☐ Delete	TITLE	ASST. SECRETARY ☐ Change ☑ Addition
NAME		NAME	RAFAEL A TOLENTINO
STREET ADDRESS		STREET ADDRESS	375 HUDSON STREET
CITY-ST-ZIP		CITY-ST-ZIP	NEW YORK, NY 10014

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #