

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2686470

Applied For

Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current 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

7. Name and Address of New Registered Agent

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

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 #