

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 12 AM 8:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0617666 AT

DOCUMENT # P16500

1. Entity Name
MONTENAY INTERNATIONAL CORP.



Principal Place of Business
ONE PENNSYLVANIA PLAZA
SUITE 4400
NEW YORK NY 10119

Mailing Address
ONE PENNSYLVANIA PLAZA
SUITE 4400
NEW YORK NY 10119



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 13-3077212

Applied For
Not Applicable

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

NATIONAL CORPORATE RESEARCH, LTD., INC.
103 N. MERIDIAN STREET
TALLAHASSEE FL 32301-0000

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPCE ☐ Delete
NAME DIETRICH, G.W. (BILL)
STREET ADDRESS 1605 MAIN STREET, #904
CITY-ST-ZIP SARASOTA FL 34236

TITLE VPATAS ☒ Change ☐ Addition
NAME Murphy, Thomas
STREET ADDRESS One Pennsylvania Plaza, Suite 4400
CITY-ST-ZIP New York NY 10119

TITLE DC ☐ Delete
NAME GASQUET, DENIS
STREET ADDRESS ONE PENNSYLVANIA PLAZA, SUITE 4400
CITY-ST-ZIP NEW YORK NY 10119

TITLE AS ☒ Change ☐ Addition
NAME Conde, Cristina
STREET ADDRESS 6990 NW 97 Ave, Unit 5
CITY-ST-ZIP Miami FL 33178

TITLE DVP ☐ Delete
NAME PASSAGE, STEPHEN S
STREET ADDRESS ONE PENNSYLVANIA PLAZA, SUITE 4400
CITY-ST-ZIP NEW YORK NY 10119

TITLE ☐ Change ☐ Addition
NAME 000019741950
STREET ADDRESS 05/22/03--01068--008 **\$50.00
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PROGLIO, HENRI
STREET ADDRESS ONE PENNSYLVANIA PLAZA, SUITE 4400
CITY-ST-ZIP NEW YORK NY 10119

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

TITLE VPST ☒ Delete
NAME MURPHY, THOMAS
STREET ADDRESS ONE PENNSYLVANIA PLAZA, SUITE 4400
CITY-ST-ZIP NEW YORK NY 10119

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

TITLE AS ☒ Delete
NAME CONDE, CRISTINA
STREET ADDRESS 3785 NW 82 AVENUE, SUITE
CITY-ST-ZIP MIAMI FL 33166

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-24-03

Date

Daytime Phone #

CR2E034 (10/02)