

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90008 031 \*\*\*150.00

**DOCUMENT # P19042**

1. Entity Name

**AMMIRATI PURIS LINTAS INC.**

Principal Place of Business

Mailing Address

THIRD AVENUE  
 FLOOR (TAX DEPT.)  
 YORK NY 10017

750 THIRD AVENUE  
 4TH FLOOR (TAX DEPT.)  
 NEW YORK NY 10017-2703

2. Principal Place of Business

3. Mailing Address

**ONE DAG HAMMARSKJOLD PL.**

**136 MADISON AVENUE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**6TH FL TAX DEPT.**

City & State

City & State

**NEW YORK, NY**

**NEW YORK, NY**

10017

Country  
 U.S.

Zip  
 10016

Country  
 U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number

**13-2837056**

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

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	VD	<input type="checkbox"/> Delete
NAME	LUBRANO, VINCENT	
STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEVIN, FRANK S	
STREET ADDRESS	1271 AVENUE OF AMERICANS	
CITY-ST-ZIP	NEW YORK NY	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GARDNER, STEVEN	
STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA	
CITY-ST-ZIP	NEW YORK NY 10017	
TITLE	T	<input type="checkbox"/> Delete
NAME	FORSTER, ALAN M	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	V	<input type="checkbox"/> Delete
NAME	MASON, ARTHUR M	
STREET ADDRESS	1271 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	CD	<input type="checkbox"/> Delete
NAME	PURIS, MARTIN	
STREET ADDRESS	ONE DAG HAMMARSKJOLD PLAZA	
CITY-ST-ZIP	NEW YORK NY 10017	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVEN BERNS	
STREET ADDRESS	136 MADISON AVENUE, 6TH FL	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASON, ARTHUR M	
STREET ADDRESS	136 MADISON AVENUE, 6TH FL	
CITY-ST-ZIP	NEW YORK, NY 10016	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Arthur M. Mason ARTHUR M. MASON-VP

4/27/00

Date

(212) 951-5232

Daytime Phone #

CR2E034 (9/99)