

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90017 032 ***150.00

DOCUMENT # P19042

1. Entity Name

Ammirati Puris Lintas, Inc.

Principal Place of Business

Mailing Address

2. Principal Place of Business

One Dag Hammarskjold Plaza

Suite, Apt. #, etc.

3. Mailing Address

136 Madison Avenue

Suite, Apt. #, etc.

6th Fl Tax Dept

City & State

New York, NY

City & State

New York, NY

4. FEI Number

13-2837056

Applied For

Not Applicable

Zip

10017

Country

U.S.

Zip

10016

Country

U.S.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

00055617

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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, 2001 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

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	
STREET ADDRESS	1271 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10020	
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	Berns, Steven	
STREET ADDRESS	136 Madison Avenue, NY, NY 10016	
CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete
NAME	Puris, Martin	
STREET ADDRESS	One Dag Hammarksjold Plaza	
CITY-ST-ZIP	New York, NY 10017	
TITLE	V	<input type="checkbox"/> Delete
NAME	Mason, Arthur	
STREET ADDRESS	136 Madison Avenue, NY, NY 10016	
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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

04/27/01

(212) 951-5232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)