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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23967

1. Corporation Name

BPAI, INC.

Principal Place of Business

270 MADISON AVE.
2ND FLOOR
NEW YORK NY 10016

Mailing Address

270 MADISON AVE.
2ND FLOOR
NEW YORK NY 10016



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/19/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	13-0598110
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country	Country	6. Election Campaign Financing
24	29	Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HADERER, RUSSELL
5201 W. KENNEDY BLVD.
SUITE 730
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	CD
NAME	GORDON, BETH	1.2 NAME	HOWARD LULCHUK
STREET ADDRESS	270 MADISON AVE	1.3 STREET ADDRESS	270 MADISON AVENUE
CITY-ST-ZIP	NEW YORK NY 10016	1.4 CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	V	2.1 TITLE	
NAME	MACRINI, EDWARD L	2.2 NAME	
STREET ADDRESS	270 MADISON AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S
NAME	HUFNAGEL, LEON C	3.2 NAME	JAMES A CASELLA
STREET ADDRESS	270 MADISON AVE.	3.3 STREET ADDRESS	270 MADISON AVENUE
CITY-ST-ZIP	NEW YORK NY 10016	3.4 CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	ATD	4.1 TITLE	ATD
NAME	KEMP, THOMAS	4.2 NAME	RONALD D WALL
STREET ADDRESS	270 MADISON AVE	4.3 STREET ADDRESS	270 MADISON AVENUE
CITY-ST-ZIP	NEW YORK NY 10016	4.4 CITY-ST-ZIP	NEW YORK, NY 10016
TITLE	P	5.1 TITLE	
NAME	MARCHESANO, MICHAEL	5.2 NAME	
STREET ADDRESS	270 MADISON AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10016	5.4 CITY-ST-ZIP	
TITLE	TD	6.1 TITLE	TD
NAME	CASELLA, JAMES	6.2 NAME	THOMAS KEMP
STREET ADDRESS	270 MADISON AVE.	6.3 STREET ADDRESS	270 MADISON AVENUE
CITY-ST-ZIP	NEW YORK NY 10016	6.4 CITY-ST-ZIP	NEW YORK, NY 10016

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 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 #

CR2E037 (1/98)