## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED May 14, 2001 8:00 am Secretary of State **DOCUMENT # P27568** 1. Entity Name M.D. SASS INVESTORS SERVICES, INC. 05-14-2001 90023 037 \*\*\*150.00 Principal Place of Business Mailing Address 4435 OLD WINTER GARDEN ROAD 1185 AVENUE OF THE AMERICAS ORLANDO FL 32802 NEW YORK NY 10036 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 13-2703405 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name XL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition PD ☐ Delete TITLE TITLE NAME NAME SASS, MARTIN D. STREET ADDRESS STREET ADDRESS **ASTOR LANE** CITY-ST-ZIP CITY-ST-7IP SANDS POINT NY ☐ Change ☐ Addition TITLE ☐ Delete NAME LAMLE, HUGH R. STREET ADDRESS STREET ADDRESS 555 DUNE RD. CITY-ST-ZIP CITY-ST-ZIP WESTHAMPTON NY 🔀 Delete TITLE NAME NAME STONE, FRED M. STREET ADDRESS STREET ADDRESS 15 KINGSLEY DR. CITY-ST-7IP CITY-ST-ZIP MANALAPAN NJ ☐ Addition TITLE ☐ Delete TITLE WINTER, MARTIN E. NAME STREET ADDRESS STREET ADDRESS **3 CYPRESS POINT DR** CITY-ST-ZIP CITY-ST-ZIP PURCHASE NY : ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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 receives 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 an address, with all other like empowered changed, or on an attachment w

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR