

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P32495

1. Entity Name
O'CONNOR MANAGEMENT INCORPORATED

FILED
Aug 14, 2001 8:00 am
Secretary of State

07-05-2001 90001 015 ***150.00
08-14-2001 90008 039 ***550.00

Principal Place of Business
399 PARK AVENUE
25TH FLOOR
NEW YORK NY 10022

Mailing Address
399 PARK AVENUE
25TH FLOOR
NEW YORK NY 10022

2. Principal Place of Business
399 Park Avenue

3. Mailing Address
399 Park Avenue

Suite, Apt. #, etc.
25TH Floor

Suite, Apt. #, etc.
25TH Fl.

City & State
NY NY

City & State
NY NY

4. FEI Number 13-3214722

Applied For
Not Applicable

Zip
10022

Country
USA

Zip
10022

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PHELAN, JOHN E SR
15 COBBLEFIELD LANE
WHITE PALMS NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
O'CONNOR, JEREMIAH W JR
399 PARK AVE
NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
DIENST, GARY J
399 PARK AVE
NEW YORK NY 10022 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 an other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/23/01

Daytime Phone #

CR2E034 (5/01)