

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P33654

1. Entity Name

BEAR STEARNS REALTY PARTNERS CORPORATION

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90098 024 ***150.00

Principal Place of Business	Mailing Address
245 PARK AVE SUITE 500 NEW YORK NY 10167 US	115 S. JEFFERSON ROAD ATTN: NANCY LOPEZ WHIPPANY NJ 07981-1029 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number	13-3542026	Applied For
		Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---	--

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>CD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FORDYCE, DONALDA</td><td></td></tr><tr><td>STREET ADDRESS</td><td>245 PARK AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK NY 10167</td><td></td></tr></table>	TITLE	CD	<input type="checkbox"/> Delete	NAME	FORDYCE, DONALDA		STREET ADDRESS	245 PARK AVENUE		CITY-ST-ZIP	NEW YORK NY 10167		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>PLEASE SEE ATTACHED LIST</td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	PLEASE SEE ATTACHED LIST		STREET ADDRESS			CITY-ST-ZIP		
TITLE	CD	<input type="checkbox"/> Delete																							
NAME	FORDYCE, DONALDA																								
STREET ADDRESS	245 PARK AVENUE																								
CITY-ST-ZIP	NEW YORK NY 10167																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	PLEASE SEE ATTACHED LIST																								
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>D</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>HAYDEN, WILLIAM H.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>245 PARK AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK Wt B</td><td></td></tr></table>	TITLE	D	<input type="checkbox"/> Delete	NAME	HAYDEN, WILLIAM H.		STREET ADDRESS	245 PARK AVE		CITY-ST-ZIP	NEW YORK Wt B		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete																							
NAME	HAYDEN, WILLIAM H.																								
STREET ADDRESS	245 PARK AVE																								
CITY-ST-ZIP	NEW YORK Wt B																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>DP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ROSE, RALPH W.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>245 PARK AVE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK NY</td><td></td></tr></table>	TITLE	DP	<input type="checkbox"/> Delete	NAME	ROSE, RALPH W.		STREET ADDRESS	245 PARK AVE		CITY-ST-ZIP	NEW YORK NY		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Delete																							
NAME	ROSE, RALPH W.																								
STREET ADDRESS	245 PARK AVE																								
CITY-ST-ZIP	NEW YORK NY																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>EVD</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FOX, PETER B.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>THREE FIRST NATIONAL PLAZA</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>CHICAGO IL</td><td></td></tr></table>	TITLE	EVD	<input type="checkbox"/> Delete	NAME	FOX, PETER B.		STREET ADDRESS	THREE FIRST NATIONAL PLAZA		CITY-ST-ZIP	CHICAGO IL		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	EVD	<input type="checkbox"/> Delete																							
NAME	FOX, PETER B.																								
STREET ADDRESS	THREE FIRST NATIONAL PLAZA																								
CITY-ST-ZIP	CHICAGO IL																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>S</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>LEHMAN, MARK E.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>B45 PARK AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK NY</td><td></td></tr></table>	TITLE	S	<input type="checkbox"/> Delete	NAME	LEHMAN, MARK E.		STREET ADDRESS	B45 PARK AVENUE		CITY-ST-ZIP	NEW YORK NY		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete																							
NAME	LEHMAN, MARK E.																								
STREET ADDRESS	B45 PARK AVENUE																								
CITY-ST-ZIP	NEW YORK NY																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>T</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MONTGORIS, WILLIAM J.</td><td></td></tr><tr><td>STREET ADDRESS</td><td>245 PARK AVENUE</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>NEW YORK NY</td><td></td></tr></table>	TITLE	T	<input type="checkbox"/> Delete	NAME	MONTGORIS, WILLIAM J.		STREET ADDRESS	245 PARK AVENUE		CITY-ST-ZIP	NEW YORK NY		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete																							
NAME	MONTGORIS, WILLIAM J.																								
STREET ADDRESS	245 PARK AVENUE																								
CITY-ST-ZIP	NEW YORK NY																								
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.

April 24, 2000

SIGNATURE:

Mark E. Lehman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark E. Lehman, Secretary

(212) 272-2000

Date

Daytime Phone #

#P33654

00040327

Bear Stearns Realty Partners Corporation

April 13, 2000

NAME	TITLE	BUSINESS ADDRESS
Donalda L. Fordyce	Chairman of the Board/ Director	A
Ralph W. Rose	President/ Director	A
Peter B. Fox	Executive Vice President/ Director	B
Mark E. Lehman	Secretary	A
Samuel L. Molinaro Jr.	Treasurer	A
Gerald R. Cummins Jr.	Chief Operating Officer/ Director	C
Thomas M. Flexner	Director	A
William H. Hayden	Director	A

A:
245 Park Avenue
New York, NY 10167

B:
One Metrotech Center North
Brooklyn, NY 11201-3859

C:
575 Lexington Avenue
New York, NY 10022