

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P33654**

1. Entity Name

BEAR STEARNS REALTY PARTNERS CORPORATION**FILED**
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90396 016 ***150.00

0574074

Principal Place of Business

**245 PARK AVE
SUITE 500
NEW YORK NY 10167
US**

Mailing Address

**115 S. JEFFERSON ROAD
ATTN: NANCY LOPEZ
WHIPPANY NJ 07981
US****00044452**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-3542026

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 \$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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
FORDYCE, DONALDA
245 PARK AVENUE
NEW YORK NY 10167** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAYDEN, WILLIAM H.
245 PARK AVE
NEW YORK Wc B** ☒ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
ROSE, RALPH W.
245 PARK AVE
NEW YORK NY** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVD
FOX, PETER B.
THREE FIRST NATIONAL PLAZA
CHICAGO IL** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
LEHMAN, MARK E.
B45 PARK AVENUE
NEW YORK NY** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
MONTGORIS, WILLIAM J.
245 PARK AVENUE
NEW YORK NY** ☒ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Chief Operating Officer, Dir.
Cummins Jr., Gerald R.
575 Lexington Avenue
New York, NY 10022** ☐ Change ☒ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
Molinaro Jr., Samuel L.
245 Park Avenue
New York, NY 10167** ☒ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mark E. Lehman, Secretary

Date

Daytime Phone #

04/26/01

CR2E034 (10/00)