

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 27, 2002 8:00 am
Secretary of State

08-27-2002 90114 027 ***550.00

DOCUMENT # P40710

1. Entity Name
RCMP MANAGEMENT, INC.

Principal Place of Business Mailing Address
ATTN: LESLEY BENJAMIN **ATTN: LESLEY BENJAMIN**
% THE RELATED COMPANIES. 625 MADISON AVE. **% THE RELATED COMPANIES. 625 MADISON AVE.**
NEW YORK NY 10022 **NEW YORK NY 10022**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 13-3644948		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State		City & State					
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WINE, DAVID J. 625 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Wine, David J. 625 Madison Ave. New York NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MCGUIRE, SUSAN J. 625 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VPT Ross, Stephen M. 625 Madison Ave. New York NY 10022 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, STEPHEN M. 625 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Gamache, Tim 625 Madison Ave. New York NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP BRENNER, MICHAEL 625 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RVP Kimble, Tami Caldwell 625 Madison Ave New York NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLAU, JEFF T 625 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lipton, Lawrence 625 Madison Ave New York NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRODSKY, JEFFREY 625 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Lutz, Richard 625 Madison Ave New York NY 10022 <input type="checkbox"/> Change <input checked="" type="checkbox"/> 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

8/22/2002 **212 421 5333**

Date Daytime Phone #

CR2E034 (4/02)

attachment
P40710

976374

ATTACHMENT TO THE 2002 UNIFORM BUSINESS REPORT

DOCUMENT # P40710

ENTITY NAME:
RCMP MANAGEMENT, INC.

Additions

Title: Reg. VP
Name: Pinero, Hector
Street Address: 625 Madison Avenue
~~City-State-Zip Code: New York, NY 10022~~

Title: AS
Name: Rash, Edwin Thomas
Street Address: 625 Madison Avenue
City-State-Zip Code: New York, NY 10022

Title: VP
Name: Salusbury, Daria
Street Address: 625 Madison Avenue
City-State-Zip Code: New York, NY 10022

Title: VP
Name: Scurfield, Sherry
Street Address: 625 Madison Avenue
City-State-Zip Code: New York, NY 10022

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