

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90104 007 ***150.00

DOCUMENT # P95000017677

1. Entity Name
REGENCY MGP CORP.

Principal Place of Business	Mailing Address
ROBERT MICHAELSON(WEISSBARTH ALTMAN ET AL) 156 W. 56TH ST., 12TH FLOOR NEW YORK NY 10019	ROBERT MICHAELSON(WEISSBARTH ALTMAN ET AL) 156 W. 56TH ST., 12TH FLOOR NEW YORK NY 10019-3800

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Norman G. Orodener Tillinghast Licht Perkins Suite, Apt. #, etc.	3. Mailing Address c/o Norman G. Orodener Tillinghast Licht Perkins Suite, Apt. #, etc.
10 Weybosset St., 10th Floor	10 Weybosset St., 10th Floor

City & State Providence, RI	City & State Providence, RI	4. FEI Number 13-3840323	Applied For <input type="checkbox"/> Not Applicable
Zip 02903-2818	Country USA	Zip 02903-2818	Country USA
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	
AXELROD, ALAN D 2500 FIRST UNION FINANCIAL CENTER MIAMI FL 33131		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ALTMAN, RONALD		NAME Daniel Cohen	
STREET ADDRESS C/O WAM, 156 W 56TH ST., 12 FL		STREET ADDRESS One Kenney Drive	
CITY-ST-ZIP NEW YORK NY		CITY-ST-ZIP Cranston, RI 02920	
TITLE DPT	<input checked="" type="checkbox"/> Delete	TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MICHAELSON, ROBERT T		NAME Daniel Cohen	
STREET ADDRESS C/O WAM, 156 W 56 ST., 12 FL		STREET ADDRESS One Kenney Drive	
CITY-ST-ZIP NEW YORK NY		CITY-ST-ZIP Cranston, RI 02920	
TITLE VS	<input checked="" type="checkbox"/> Delete	TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GANG, MARTIN		NAME Douglas Brown	
STREET ADDRESS C/O WAM, 156 W 56 ST., 12 FL		STREET ADDRESS One Kenney Drive	
CITY-ST-ZIP NEW YORK NY		CITY-ST-ZIP Cranston, RI 02920	
TITLE	<input type="checkbox"/> Delete	TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Norman G. Orodener	
STREET ADDRESS		STREET ADDRESS 10 Weybosset Street, 10th Floor	
CITY-ST-ZIP		CITY-ST-ZIP Providence, RI 02903	
TITLE	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Bernard Schretter	
STREET ADDRESS		STREET ADDRESS 115 Constitution Boulevard	
CITY-ST-ZIP		CITY-ST-ZIP Franklin, MA 02038	
TITLE	<input type="checkbox"/> Delete	TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME Joel Poretsky	
STREET ADDRESS		STREET ADDRESS 405 Lexington Avenue	
CITY-ST-ZIP		CITY-ST-ZIP New York, NY 10174	

3. 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: Norman G. Orodener Secretary Date: 3/16/00 Daytime Phone #: 401-456-1200, ext. 333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)