

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000020952

1. Entity Name

COLLEGE PARKWAYS PROPERTIES, INC.

FILED
Jun 15, 2001 8:00 am
Secretary of State

06-15-2001 90170 002 ***550.00

A0073449



DO NOT WRITE IN THIS SPACE

Principal Place of Business %LA SEVEN INC. 315 57TH ST NEW YORK NY 10019	Mailing Address %LA SEVEN INC. 315 57TH ST NEW YORK NY 10019
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2. Principal Place of Business C/O PAVIA & HARCOURT Suite, Apt. #, etc. 600 MADISON AVENUE City & State NEW YORK Zip 10022 Country U.S.A.	3. Mailing Address C/O PAVIA & HARCOURT Suite, Apt. #, etc. 600 MADISON AVENUE City & State NEW YORK Zip 10022 Country U.S.A.
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4. FEI Number 65-0567936	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
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.

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, 2001 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULL, DAVID 600 MADISON AVE NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOWLING, DOMENICA 600 MADISON AVENUE NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIA, FRANCESCA 600 MADISON AVENUE NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PAVIA, GEORGE M 600 MADISON AVENUE NEW YORK NY 10022 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FISCHER, CYNTHIA G 600 MADISON AVENUE NEW YORK NY 10022 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BULL, DAVID JAMES BEACON HILLS 15 CHRISTIAN ROAD BOREHAMPTON, DORSET BN1 3LB ENGLAND <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICOLA FANGH BEACON HILLS 15 CHRISTIAN ROAD BOREHAMPTON, DORSET BN1 3LB ENGLAND <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: D.J. Bull DAVID JAMES BULL 6/15/01 01144 120235144

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #