## **2000 UNIFORM BUSINESS REPORT (UBR) FILED** Jan 26, 2000 8:00 am Secretary of State DOCUMENT # **P96000064140** 1. Entity Name COLLEGEWOOD PROPERTY, INC. 01-26-2000 90032 017 \*\*\*150.00 Mailing Address Principal Place of Business 280 PARK AVE., EAST BUILDING 280 PARK AVE., EAST BUILDING 20TH FLOOR 20TH FLOOR 900004 NEW YORK NY 10017-1216 NEW YORK NY 10017 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3902274 Not Aprille Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. 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 FILE NOW!!! FEE IS \$150.00 10 Flection Campaign Financing ¢5 00 May Da

Tax filing requirement and elects to do so.		After MAY 1, 2000 Fee will be \$550.00			Trust Fund Contribution.			
(See crite:	ria on back)	Make Check Payable	to Department	of State				
11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	P	☐ Delete	TITLE	Y	ain Oben	100	☐ Change	Addition
NAME	FRIEDMAN, WILLIAM S.		NAME STREET ADDRESS	<i>Aubenst</i>	ein, Circi	183	la 20th	ù
STREET ADDRESS	200 (70)((1)(2)) 2. 525 6			SACA	ark hve.	tes , East Bld Y 10017	2, cm 1	
CITY-ST-ZIP	NY NY 10017		CITY-ST-ZIP	New Y	ork, N	A 10014	<del>-</del>	
TITLE	Υ	☐ Delete	TITLE		•		Change	Addition
NAME	MINOR, TODD C.		NAME					
STREET ADDRESS	3100 MONTICELLO, STE. #200		STREET ADDRESS					
CITY-ST-ZIP	DALLAS TX 75205		CITY-ST-ZIP				<del></del>	
TITLE	SV	☐ Delete	TITLE		•		☐ Change	Addition A
NAME	MANSFIELD, KATHRYN		NAME					
STREET ADDRESS	3100 MONTICELLO, STE. #200		STREET ADDRESS		•			
CITY-ST-ZIP	DALLAS TX 75205		CITY-ST-ZIP					
TITLE	CFOV	☐ Delete	TITLE				☐ Change	Addition
NAME	DAVIS, ERIN		NAME					
STREET ADDRESS	3100 MONTICELLO, STE. #200		STREET ADDRESS					
CITY-ST-ZIP	DALLAS TX 75205		CITY-ST-ZIP					
TITLE		☐ Delete	TITLE				Change	☐ Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP					
CITY-ST-ZIP					<del></del>			<b>—</b>
TITLE		☐ Delete	TITLE				☐ Change	Addition
NAME			NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			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

SIGNATURE: