

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000059073**

1. Entity Name

VINLAND PARK 20, INC.

Principal Place of Business

**280 PARK AVENUE
EAST BUILDING 20TH FLOOR
NEW YORK NY 10017**

Mailing Address

**280 PARK AVENUE
EAST BUILDING 20TH FLOOR
NEW YORK NY 10017**

2. Principal Place of Business

1775 Broadway**Suite, Apt. #, etc.
23rd Floor****City & State
New York NY****Zip Country
10019 USA**

3. Mailing Address

3100 Monticello**Suite, Apt. #, etc.
Suite 200****City & State
Dallas TX****Zip Country
75205 USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number **13-3956157**Applied For
Not Applicable5. 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 **P** ☐ Delete
NAME **FRIEDMAN, WILLIAM S.**
STREET ADDRESS **280 PARK AVENUE**
CITY-ST-ZIP **NEW YORK NY 10017**TITLE **TV** ☐ Delete
NAME **MINOR, TODD C**
STREET ADDRESS **3100 MONTICELLO STE. 200**
CITY-ST-ZIP **DALLAS TX 75205**TITLE **SV** ☐ Delete
NAME **MANSFIELD, KATHRYN**
STREET ADDRESS **3100 MONTICELLO STE. 200**
CITY-ST-ZIP **DALLAS TX 75205**TITLE **CFOV** ☐ Delete
NAME **DAVIS, ERIN**
STREET ADDRESS **3100 MONTICELLO STE. 200**
CITY-ST-ZIP **DALLAS TX 75205**TITLE **V** ☐ Delete
NAME **RUBENSTEIN, CHARLES**
STREET ADDRESS **280 PARK AVE EAST BLDG., 20TH FL**
CITY-ST-ZIP **NEW YORK NY 10017**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PCEO D** ☒ Change ☐ Addition
NAME
STREET ADDRESS **1775 Broadway, 23rd Floor**
CITY-ST-ZIP **New York, NY 10019**TITLE **T SVP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **EVPS** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CFO EVP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **EVP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: *Kathryn Mansfield*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHRYN MANSFIELD 4-9-01 214-599-2200

Date

Daytime Phone #

CR2E034 (10/00)