

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 MAR 18 PM 5:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000092051

1. Entity Name
ALLENS LANE CORP.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Winchester Global Trust Company
Limited

3. Mailing Address

Suite, Apt. #, etc.
Williams House, 20 Reid St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Hamilton

City & State

4. FEI Number 650875292

Applied For
Not Applicable

Zip
HM 11

Country
Bermuda

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

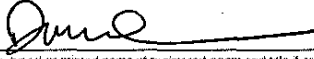
7. Name and Address of Current Registered Agent

Name
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street

City Tallahassee FL Zip Code 32301-2607

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

DAVID W. NICKERSON, ASST-SECY
(NOTE: Registered Agent signature required when reissuing)

3/ 15 /02
DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Director and President
William F. Maycock
Williams House, 20 Reid St.
Hamilton, Bermuda HM 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400005115004--9

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director and Treasurer
Susan Gibbons
Williams House, 20 Reid St.
Hamilton, Bermuda HM 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director and Secretary
Priscilla Murray Brown
Williams House, 20 Reid St.
Hamilton, Bermuda HM 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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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 on an attachment with an address with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Priscilla Murray Brown
DIRECTOR

3/ 12 /02

Date

Daytime Phone #

CR2E034B (12/01)



282

ACCOUNT NO. : 072100000032

REFERENCE : 477948 4326756

AUTHORIZATION :

Patricia Pijet

COST LIMIT : \$ 150.00

ORDER DATE : March 15, 2002

ORDER TIME : 3:26 PM

ORDER NO. : 477948-005

CUSTOMER NO: 4326756

CUSTOMER: Ms. Christine M. Kozel
Shearman & Sterling
599 Lexington Avenue

New York, NY 10022

RECEIVED
02 MAR 18 PM 4:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: ALLENS LANE CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar -- EXT# 1124

EXAMINER: _____