## FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90400 020 \*\*\*150.00

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000008220

1. Entity Name

STREET INFORMATION SYSTEMS, INC.



					♥		E TRUS					
Principal Place of Business			Mailing Address									
C/O MICHAEL D.FRICKLAS			C/O MICHAEL D.FRICKLAS					10	080781			•
1515 BROADWAY.51ST FL			1515 BROADWAY.51ST FL				}					
NEW YORK NY 10036-5794			NEW YORK NY 10036-5794						1			
2. Principal Place of Business			3. Mailing Address						8  168     18     1  16     18     18     1			
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State					4. FEI Number				
Zip Country			Zip Count			try	5 Contificate of Status Desired 3 \$8.75 Additional					
		<del></del>	<u>L</u>								Fee Requir	ed
	6. Name	and Address of Current i	tegistere	d Agent		Name		7. Name	and Address of New	Hegistered /	igent	
CORPORATION SERVICES COMAPNY												
	-	S COMAPNI				Street Address (P.O. Box Number is Not Acceptable)						
1201 TIATO OTTLET								*				
TALLAHASSEE FL 32301						City					7:0 00	
										FL	Zip Cod	ae
		submits this statement for	the purpo	ose of changing its	registere	ed office o	registere	d agent, or	both, in the State of F	lorida. I am f	amiliar with	, and accept
the obliga	tions of registe	ered agent.										
SIGNATURE.	3,42	1										
	٧	or printed name of registered agent a	nd title if appl	icable. (NOTE	: Registere	d Agent signat	ure required w	vhen reinstating	) ——————	DATE		
FILE NOW!!! FEE IS \$150.00								9.	Election Campaign F	inancing	\$5.0	00 May Be
After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State									Trust Fund Contribut			d to Fees
10.	•	OFFICERS AND I		38	11.			ADDITIO	NS/CHANGES TO OF	FICERS AND	DIRECTOR	RS IN 11
TITLE	CEOP			☐ Delete	TITLE		Γ			,,,,,	Change	☐ Addition
NAME	KELLY, WA	ILLY C			NAM	E	<u> </u>				_ ,	_
STREET ADDRESS		STON AVENUE				et address						
CITY-ST-ZIP	NEW YORK	( NY 10174			CITY	-ST-ZIP	 					
TITLE	CFO			Delete	TITLE		#5	- 0	Fucest	•	Change	🔀 Addition
NAME	GIORDANO				NAM		Jano	e K	Lung			- {
STREET ADDRESS CHTY-ST-ZIP	185 U.S.HI					ET ADDRESS -ST-ZIP	1515	REOF	Laber 4	<b>२</b> ७ ४		İ
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STREET ADDRESS	KARMAZIN	, MCL A NDWAY,51 FL				ET ADDRESS	1515	1001	adway	3		}
CITY-ST-ZIP		NY 10036-5794				-ST-ZIP	13 A	DRO	V. NY 10	036		\
TITLE	D		_	<b>≥</b> Delete	TITLE		DIR		<del>-</del>		☐ Change	Addition
NAME	SULEMAN,	FARID			NAM	E	Susa	en C.	Gordon			' 1
STREET ADDRESS		7TH STREET,14TH FL				ET ADDRESS			adward			
CITY-ST-ZIP	NEW YORK	( NY 10019	_		CITY	-ST-ZIP		<u>ره ۲ در</u>		<u>0036</u>		<u>:</u>
TITLE	1			☐ Delete	TITLE			IVPIT	, - , , , , , , , , , , , , , , , , , ,	M.	☐ Change	Addition
NAME STREET ADDRESS					NAMI	E Et address	Robe	eut 6	•	une		İ
CITY-ST-ZIP					•	-ST-ZIP	1515		adway	10036	•	1
TITLE	<u> </u>			Delete	TITLE	<del></del>	Neu	708	, 1	1 70 00	☐ Change	Addition
NAME				THE DRIEE	NAMI							Addition
STREET ADDRESS						ET ADDRESS						
CITY-ST-ZIP	1				CITY-	-ST-ZIP						

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0° indicated on this report or supplemental report is true and accurate and that my signature shall have the same lega of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida S changed, or on an attachment with an address, with all other like empowered.

Jane R. Fuerst, Assistant Secretary 212-258-6847 04/ /03

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

?

2E034 (10/02