

Mr. Jeffrey C. Cohen
Acting Secretary to the
Public Service Commission
New York State Public Service Commission
3 Empire State Plaza
Albany, New York 12223

Dear Acting Secretary Cohen,

In response to your query of July 1, 2013:

This site was originally a hotel where the electricity was supplied to the hotel by Con Edison.

The building has been gutted and is being converted to rental units.

The "conversion" is from hotel to rental. The hotel was a "direct" meter (Con Ed) and we are now applying for submetering status.

We are reviewing the templates that we use to submit new applications to replace the word "Direct" with "Master" in order to remove confusion in the future.

Thank you for your consideration of 222 East 39th Street application

Quadlogic Control Corporation
3300 Northern Blvd., 2nd Fl.
Long Island City, NY 11101



**New York State Public Service Commission
Office of Consumer Services**



Submetering Identification Form

Name of Entity <u>222 East 39th Street</u>			Corporate Address <u>Atlas Capital Group</u>		
City <u>New York</u>	State <u>NY</u>	Zip <u>10016</u>	Web Site		
Phone <u>212-554-2250</u>			Utility Account Number		
Chief Executive			Account Holder Name <u>Atlas Capital Group</u>		
Phone			E-mail		
DPS Case Number:					

Primary Regulatory Complaint Contact

Secondary Regulatory Complaint Contact

Name <u>ACG Property Management</u>			Name <u>Same</u>		
Phone <u>212-554-2250</u>			Phone		
Fax			Fax		
E-mail			E-mail		
Address <u>505 Fifth Ave, 28th Fl.</u>			Address		
City <u>New York</u>	State <u>N.Y.</u>	Zip <u>10017</u>	City	State	Zip

We do not send complaints to personal e-mail addresses. A shared e-mail address must be provided or the transmission will default to the fax number listed above. Please enter the e-mail address, if any, to which we should send complaints: _____

Name of Property <u>222 East 39th St.</u>			Address		
City <u>New York</u>	State <u>NY</u>	Zip <u>10016</u>			
Electric Heat? <u>Y/N</u>			Electric Hot Water? <u>Y/N</u>		
# Units Occupied by: <u>Sr. Citizens</u>		<u>Disabled</u>	Total # of Units <u>191</u>		
Rent Stabilized <u>0</u>	# Rent Controlled <u>0</u>	# Rent-Regulated <u>0</u>	# Market Rate <u>191</u>		
# Low Income <u>0</u>	# Section 8 <u>0</u>	# Landlord Assist Program <u>0</u>	# Other		
Submeter / Billing Agent <u>Quadlogic Control</u>			Address <u>3300 Northern Blvd.</u>		
City <u>Long Island City</u>	State <u>N.Y.</u>	Zip <u>11101</u>	Address <u>2nd Fl.</u>		
Contact Name <u>Dev Edward</u>		Contact Phone <u>212-930-9300</u>	Contact Fax <u>212-930-9393</u>		

Please return this form with 5 days to:

Mr. Jeffrey C. Cohen, Acting Secretary to the Commission
 NYS Public Service Commission
 3 Empire State Plaza
 Albany, NY 12223
 E-mail: secretary@dps.ny.gov

(Rev. 12/27/2012)

Changes in contact information should be submitted within 5 days of any personnel change.

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF FORMATION OF "EASTGATE OWNER LLC", FILED IN THIS OFFICE ON THE ELEVENTH DAY OF APRIL, A.D. 2012, AT 4:07 O'CLOCK P.M.

5138208 8100

120418809

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9496229

DATE: 04-11-12

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:10 PM 04/11/2012
FILED 04:07 PM 04/11/2012
SRV 120418809 - 5138208 FILE

STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION

First: The name of the limited liability company is _____
EASTGATE OWNER LLC

Second: The address of its registered office in the State of Delaware is _____
2711 Centerville Road, Suite 400 _____ in the City of Wilmington _____
Zip code 19808 _____. The name of its Registered agent at such address is
Corporation Service Company

Third: (Use this paragraph only if the company is to have a specific effective date of dissolution: "The latest date on which the limited liability company is to dissolve is _____.")

Fourth: (Insert any other matters the members determine to include herein.)

In Witness Whereof, the undersigned have executed this Certificate of Formation this
11th _____ day of April _____, 2012 _____.

By: /s/ Sasha Friedman
Authorized Person (s)

Name: Sasha Friedman

Delaware

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