DOCUMENT # 835070  1. Entity Name  THE BROADSTONE GROUP, INC.						Feb 07, 2000 8:00 at Secretary of State 02-07-2000 90047 044 ***150.00				
Principal Place of Business 888 SEVENTH AVE SUITE 3400 NEW YORK NY 10106		Mailing Address 888 SEVENTH AVE SUITE 3400 NEW YORK NY 10106-3499 US				612207				
2. Principal Place of Business		3. Mailing Address			<del>-</del>	] (\$515) (\$165 HH5) \$110 BOOK 1880 B	<b>\$11 01011 0101</b> 1	••••• •••• •••		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4.	13-2813222			Jot	
Zip	Country	Zip	Count	ry	5.	Dertificate of Status Desired		\$8.75 Ad	dition	
	6. Name and Address of Current F	legistered Agent		Name	7.	lame and Address of New Re	gistered A	lgent		
100	ger & Shapiro N.E. 3rd ave., Suite #400 Lauderdale Fl 33301		<u> </u>   		Iress (P.O. B	ox Number is Not Acceptable)			<u>-</u> ,	
			f	City	<del></del>		FL	Zip Cod	de	
SIGNATURE  9. This corp	Signature, typed or printed name of registered agent ar oration is eligible to satisfy its Intangible requirement and elects to do so.	nd title if applicable (NO	OTE: Registered	Agent signature	required when re	instating)  10. Election Campaign Fina	DATE		 00 <u>~</u>	
(See crite	eria on back)	Make Check Paya	able to De	•	of State	Trust Fund Contribution			edto. ≂	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND D  WALLACE, PAUL F  888 SEVENTH AVE., STE 3400  NEW YORK NY 10106-1099	DIRECTORS Delete		l l	AC	DITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR  Change	₹SIN □	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPOTO, ANTONINA L 888 7TH AVENUE, SUITE 3400 NEW YORK NY 10106-0199	☐ Delete		1				☐ Change	_ 	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COLLINS, KEVIN	□ Delete	NAME STREE	ET ADDRESS ST-ZIP	ه مستهج بدر		<u>-</u> -	- ☐ Change	. 🗀	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LOPATER, LAWRENCE 888 SEVENTH AVE, STE 3400 NEW YORK NY 10106-0199	☐ Delete	a de la composição de l					Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BORY, JUDITH 888 SEVENTH AVE., SUITE 3400 NEW YORK NY 10106-0199	☐ Delete	9					Change	- 1	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		J				Change	<u> </u>	
indicated of the co changed	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee empor t, or on an attachment with an address, w	true and accurate and that wered to execute this repor ith all other like empowered	t my signati rt as require d.	ure shall have ed by Chapte	e the same	legal effect as if made under o da Statutes; and that my name	ath; that I a appears in	am an office n Block 11 d	ж <u>ог</u>	
SIGNAT	GNATURE AND TYPED OF PR	INTERNAME OF SIGNING OFFICE	R OR DIRECTO	OR .	···	1/06/00 Date		aylime Phone #	<u>-</u> L	