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

FILED Apr 17, 2002 8:00 am Secretary of State

DOCUMENT # \$4380 1. Entity Name Verizon Realty C)3 <u> </u>		04-17-2002 9016	51 007 ***150.00
DO NOT WRITE IN THIS SPACE			8 3 1 1 4 3	
2. Principal Place of Business 1095 Ave of the Americas Suite, Apt. #, etc. 3.15 Floor 3. Mailing Address 1095 Ave of the Americas Suite, Apt. #, etc. 3.15 Floor			DO NOT WRITE IN THIS SPACE	
New York, NY	City & State NK.	N	4. FEI Number 06-0907233	Applied For Not Applicable
Zip Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional
10036 054	10036	USA	7. Name and Address of Current Register	Fee Required
DO NOT WRITE IN THIS SPACE		12	(Dr poration St. 19.0. Box Number is Not Acceptable) South Pine	Island Rd
	uit.		tation F	L 33324
8. The above named entity submits this statement for the purpose of changing its registered office. SIGNATURE Signature, typed of printed name of registered agent and title if applicable. 1. This corporation is eligible to satisfy its Intangible Tax filling requirement and elects to do so. (See criteria on back) SIGNATURE January 1 - May 1 Fee is \$550 After May 1, Fee is \$550 Amended UBR is \$61. Make Check Payable to Departs		Regisiared Agent signature requir by 1 Fee is \$150.00 i, Fee is \$550.00 UBR is \$61.25	ed when reinstailing) DATE 10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
11, OFFICERS AND		I Department of or		
TILE NAME STRIET ADDRESS CITY- ST. ZIP TILE President Jan Deur 750 Canyon Drive		TITLE NAME STREET ADDRESS CITY-ST-ZIP		COSTONAL
MAME Treasurer MAME Janet Garrity STREET ADDRESS 3500 Wa Shington		TITLE NAME STREET ADDRESS CITY-ST-ZIP		2000
TILE VP-TOKEN NAME HARCUS VEATEN STRIETADDRESS 1095 Ave of the true: (as CITY-ST-ZIP NOW YORK, NY 10036		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	
THE DIRECTOR JANDRUK STREET ADDRESS STY-ST-ZIP SEE ABOVE		TITLE NAME STREET ADDRESS CITY-ST-7JP	IN THIS SPACE	
TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE DIFFCLTOR CHAPTER CHAPTER AVIONATION VA 2	tral zzoi	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	
NAME STREET ADDRESS CITY-ST-ZIP Trying TX TSD	, g	TITLE - NAME - STREET ADDRESS - CITY-ST-ZIP		
13. Thereby 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 trusted 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: Macus Florida Statutes and that my name appears in Block 11 or on an address. With all other like empowered. SIGNATURE Macus Florida Statutes and that my name appears in Block 11 or on an address. With all other like empowered. SIGNATURE Macus Florida Statutes and that my name appears in Block 11 or on an attachment with an address. With all other like empowered. SIGNATURE Macus Florida Statutes and that my name appears in Block 11 or on an attachment with an address. With all other like empowered. SIGNATURE Macus Florida Statutes and that my name appears in Block 11 or on an attachment with an address. With all other like empowered. SIGNATURE Macus Florida Statutes Florida Statu				