2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 27, 2002 8:00 am Secretary of State F98000000439 DOCUMENT # 1. Entity Name SCHULMAN, RONCA AND BUCUVALAS, INC. 05-27-2002 90403 017 ***150.00 Mailing Address Principal Place of Business 145 E. 32ND STREET 145 E. 32ND ST. 5TH FLOOR NEW YORK NY 10016 NEW YORK NY 10016 2. Principal Place of Business 3. Mailing Address 1.4 Suite, Apt.,#, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3077900 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ·SRBB, INC. Street Address (P.O. Box Number is Not Acceptable) 7431 COLLEGE PARKWAY FORT MYERS FL 33907 Zip Code 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. Fig. open en some 22: 2. 16: SIGNATURE/_____ 1800 360 3000 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 意(See criteria on back)MC名 MWC ヨウロ Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Delete ■ Addition TITLE ☐ Change TITLE SCHULMAN, MARK A NAME NAME 145 E. 32ND ST. STREET ADDRESS STREET ADDRESS **NEW YORK NY 10016** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition RONCA, ALBERT NAME 145 E. 32ND ST. STREET ADDRESS STREET ADDRESS NEW YORK NY 10016 CITY-ST-ZIP_ CITY-ST-ZIP ☐ Delete ☐ Addition TITLE BOYLE, JOHN M NAME NAME 8403 COLESVILLE ROAD STREET ADDRESS STREET ADDRESS SILVER SPRING MD 20910 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BUCUVALAS, MICHAEL J NAME NAME 145 E. 32ND ST. STREET ADDRESS STREET ADDRESS **NEW YORK NY 10016** CITY-ST-ZIP CITY-ST-ZIE Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address that the information stated in Section 119.07(3)(ii), 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 sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address of the corporation of the receiver or trustee empowered to execute this sport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the

PENAFI J. BUCUVALES 5/1

SIGNATURE: