2000 UNIFORM BUSINESS REPORT (UBR)

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FILED DOCUMENT # F98000004348 Mar 29, 2000 8:00 am **Secretary of State** NATIONAL FLAG & DISPLAY CO., INC. 03-29-2000 90032 014 ***150.00 Mailing Address Principal Place of Business 42 EAST 20TH STREET, 3RD FL 42 EAST 20TH STREET, 3RD FL NEW YORK NY 10003-1300 NEW YORK NY 10003 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 22-2584917 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition PCD ☐ Change ☐ Delete TITLE TITLE SIEGEL, ALAN R NAME STREET ADDRESS STREET ADDRESS 50 BARNSDALE ROAD CITY-ST-ZIP CITY-ST-ZIP SHORT HILLS NJ Addition Change ☐ Delete TITLE TITLE NAME SIEGEL, HOWARD J NAME STREET ADDRESS STREET ADDRESS 44 GRAMERCY PARK NORTH #15C CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Change | Addition TITLE Delete TITLE NAME SIEGEL, BARBARA NAME STREET ADDRESS STREET ADDRESS **50 BARNSDALE ROAD** CITY-ST-ZIP CITY-ST-ZIP SHORT HILLS NJ ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Defete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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 true e empowered to execute this report as lequired 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, with all other like empowered.

ECTOR