2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # M38118 Jan 24, 2000 8:00 am **Secretary of State** CHAMPS OF VIRGINIA, INC. 01-24-2000 90100 037 ***150.00 Mailing Address Principal Place of Business 233 BROADWAY 233 BROADWAY ATTN: M. CLARK NEW YORK NY 10279 NEW YORK NY 10279-0001 AUU10614 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 58-1695068 Not Applicable Zip Zip Country \$8.75 Additional 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HILBERT, DALE NAME NAME STREET ADDRESS 233 BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10279** P/D Delete TITLE Change ☐ Addition TITLE MINA, RICK NAME NAME STREET ADDRESS STREET ADDRESS 233 BROADWAY CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10279** Change ☐ Addition TITLE ☐ Delete TITLE CANNON, JOHN NAME NAME STREET ADDRESS 233 BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10279** ☐ Addition ☐ Change TITLE Delete TITLE CLARKE, SHEILAGH NAME NAME STREET ADDRESS 233 BROADWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10279** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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Daytime Phone #