

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**

04-02-2001 90303 035 \*\*\*150.00

**DOCUMENT # M71603**

1. Entity Name  
**EMC OPERATING CORP.**

Principal Place of Business  
 % JOHN J. O'NEIL  
 RM 3122 1285 AVENUE OF AMERICAS  
 NEW YORK NY 10019-064  
 US

Mailing Address  
 C/O JOHN O'NEIL  
 RM 3122/1285 AVENUE OF AMERICAS  
 NEW YORK NY 10019-064  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **22-2877908**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  Delete  
 NAME **PD**  
 STREET ADDRESS **O'NEIL, JOHN J., SR.**  
 CITY-ST-ZIP **19 MOUNTAINSIDE DR. COLTS NECK NJ**

TITLE  Change  Addition  
 NAME **VICE PRESIDENT, DIRECTOR**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **STD**  
 STREET ADDRESS **O'NEIL, DORA C.**  
 CITY-ST-ZIP **19 MOUNTAINSIDE DR. COLTS NECK NJ**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VD**  
 STREET ADDRESS **O'NEIL, JOHN J., JR.**  
 CITY-ST-ZIP **1285 AVE OF THE AMERICA, ROOM 3122 NEW YORK NY**

TITLE  Change  Addition  
 NAME **PRESIDENT, DIRECTOR**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/01  
 Date

212 373 3379  
 Daytime Phone #

CR2E034 (10/00)