2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State **DOCUMENT #** P04690 1. Entity Name DIAMANT INVESTMENT CORPORATION 05-17-2002 90016 043 ***150.00 Principal Place of Business Mailing Address 170 MASON STREET 170 MASON STREET GREENWICH CT 06830 GREENWICH CT 06830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 06-0916572 Not Applicable Zip Country Country 5. Certificate of Status Desired \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAMANT, MARTHA Street Address (P.O. Box Number is Not Acceptable) 2510 N.E. 35TH STREET LIGHTHOUSE POINT FL 33064 City 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 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 FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. П Make Check Payable to Department of State Added to Fees 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TIT! F ☐ Addition NAME DIAMANT, HERBERT NAME STREET ADDRESS 170 MASON STREET STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME DIAMANT, MARTHA NAME STREET ADDRESS 170 MASON STREET STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Change ☐ Addition 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-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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

STREET ADDRESS

CITY-ST-7/P

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARTHA DIAMANT 4-23-02

CR2E034 (9/01