2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000014847 Apr 27, 2000 8:00 am Secretary of State SEFFI PROPERTY CORP. 04-27-2000 90101 040 ***158.75 Mailing Address Principal Place of Business CARLTON, FIELDS, WARD C/O BANK AUSTRIA CREDITANSTALT AMERICAN CORP PO BOX 3239 TAMPA FL 33601-3239 NEW YORK NY 10167 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3305320 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 CARLTON, FIELDS, WARD, EMMANUEL, SMITH & C Street Address (P.O. Box Number is Not Acceptable) ONE HARBOUR PLACE 5TH FLOOR **TAMPA FL 33602** 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-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 DP Change TITI F ☐ Delete TITLE BOEHME, DIETER NAME NAME STREET ADDRESS 2 GREENWICH PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830** ☐ Change ☐ Addition ☐ Delete TITI F NAME SEIDEL, WARREN NAME STREET ADDRESS STREET ADDRESS 2 GREENWICH PLAZA CITY-ST-ZIP GREENWICH CT'06830 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME POELZLBAUER, PETER NAME STREET ADDRESS 2 GREENWICH PLAZA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROSE, KATHY L NAME NAME 2 GREENWICH PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GREENWICH CT 06830 ☐ Addition ☐ Delete ☐ Change TITLE HALTER, PETER NAME STREET ADDRESS STREET ADDRESS 2 GREENWICH PLAZA CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830** ☐ Change Addition ☐ Delete TITLE TITLE MAHADEO, DAISY NAME NAME STREET ADDRESS 2 GREENWICH PLAZA STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** CITY-ST-7IP I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR