FILED 2002 Uniform Business Report (UBR) Mar 26, 2002 8:00 am Secretary of State P96000033012 DOCUMENT # 1. Entity Name TRIALGRAPHIX - NEW YORK, INC. 03-26-2002 90014 009 ***150.00 Principal Place of Business Mailing Address 216 E 45TH STREET 155 N.E. 40TH STREET Dananaa MIAMI FL 33137 NEW YORK NY 10017 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 65-0659046 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent STOLBERG, DAVID Street Address (P.O. Box Number is Not Acceptable) 155 NE 40TH ST. MIAMI FL 33137 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) Change ☐ Addition TITLE ☐ Delete TITLE STOLBERG, STEVEN NAME NAME 155 N.E. 40TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE STOLBERG, DAVID NAME NAME 155 N.E. 40TH STREET STREET ADDRESS STREET ADDRESS MIAMI FL 33137 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME COHEN, DOUGLAS NAME 2961 WENTWORTH WESTON, FL 33332 STREET ADDRESS 2485 EAGLE WATCH CT STREET ADDRESS WESTON FL 33327 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE ADLER, MATTHEW NAME NAME 2401 NE 12TH ST STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33304 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME

13. I hereby certify that the information supplied with this fling 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 of trustee embewered 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 a higher like expowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/02

305)576-5400

Defime Phone #