2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # **F98000003880** May 07, 2000 8:00 am Secretary of State BRW ACQUISITION, INC. 05-07-2000 90015 016 ***150.00 Principal Place of Business Mailing Address C/O KOHLBERG KRAVIS ROBERTS & CO 5701 STIRLING ROAD FINANCE DEPARTMENT 9 WEST 57TH ST., STE 4200 NEW YORK NY 10019 DAVIE FL 33314 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-3994449 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 Flörida. SIGNATURE DATE (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 \Box ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE **GOLKIN, PERRY** NAME STREET ADDRESS 9 WEST 57TH ST., STE 4200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Change ☐ Addition TITLE VSD ☐ Delete TITLE NAME FISHER, TODD STREET ADDRESS 9 WEST 57TH ST., STE 4200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY Change Addition ☐ Delete TITLE NAME SUTTON, RANDY NAME STREET ADDRESS 5701 STIRLING ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33314** ☐ Change Addition TITLE ☐ Delete TITLE Mangold, Thomas NAME NAME 5701 Stirling Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Davie, FL 33314 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 regeiver 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4/24/00

(454) 316·5200

Daytime Phone #

☐ Change

☐ Addition