FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 01, 2001 8:00 am **DOCUMENT # 548118 Secretary of State** 1. Entity Name BACTRIA CORP. 02-01-2001 90128 005 ***150.00 Principal Place of Business Mailing Address C/O THE MERRIN GALLERY C/O THE MERRIN GALLERY **AUU17797** 724 FIFTH AVENUE, 3RD FLOOR 724 FIFTH AVENUE, 3RD FLOOR NEW YORK NY 10019 NEW YORK NY 10019 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 59-1787293 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BIENENFELD, HARRIET Street Address (P.O. Box Number is Not Acceptable) 4101 PINETREE DRIVE MIAMI BEACH FL 33140 City 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. SECRETARY & DIRECTO Change TITLE Delete TITLE DOLGIN, FLORENCE NAME NAME STREET ADDRESS SO EAST 89TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Delete ☐ Addition TITLE TITLE MERRIN, VIVIAN NAME NAME STREET ADDRESS STREET ADDRESS 285 CENTRAL PARK WEST CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY** Addition ☐ Change TITLE Delete TITLE MERRIN, JEREMY NAME NAME STREET ADDRESS STREET ADDRESS 50 RIVERSIDE DR 12B CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Addition Change TITLE □ Defete TITLE MERRIN, SAMUEL NAME NAME STREET ADDRESS 340 WEST 57TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Delete TITLE ☐ Change ☐ Addition TITLE MERRIN, SETH NAME NAME STREET ADDRESS 155 WEST 70TH ST 12D STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY Delete TITLE ☐ Change ☐ Addition TITLE NAME BRONSTEIN, ESTHER NAME STREET ADDRESS STREET ADDRESS 205 W. 89TH ST.-3H CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY**

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 suppliemental 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.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SAMUEL MERRIN, TREASURE