FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am DOCUMENT # 429758 **Secretary of State** 05-23-2001 90465 043 ***150.00 AMREP SARAtogA Square Homes, Inc. Principal Place of Business Mailing Address (SAMR) 641 Lexington Ave, 51xth Floor New york, Ny 10022 660108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 2 7 9 9 7 3 2 City & State City & State Applied For Not Applicable Zip Country 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 NATIONAL CORPURATE RESEARCH, Ltd 1406 Hays Street, Suite #2 Street Address (P.O. Box Number is Not Acceptable) TAllAhASSEE, FL 32301 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 DATE (NOTE Registered Agent signature required when reinstating) E THE NOWN PRESIDENCE 9. This corporation is eligible to satisfy its intangible 16. Election Campaign Financing \$5.00 May Be After MAY 1, 200 1 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ke Check Payable to Department of St (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE TITLE Peter M. Pizza NAME NAME 641 Lexington Ave. 6th Floor STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZP New YORK, N. Y 10022 ☐ Change Addition TITLE TITLE Mohan Vachani 641 Lexington Ave, 6th Floor NAME STREET ADDRESS STREET ADDRESS New York, N. y. 10022 Director CITY-ST-ZIP CITY-ST-ZIP TIM F ☐ Change ■ Addition HALE NAME JAMES WAll 641 LexingtonAve 6th Floor STREET ADDRESS STREET ADDRESS CDY-ST-78 CITY-ST-ZIP IIIRE □ Change ■ Addition me NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition MILE ☐ Delete TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZEP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Deleta TITLE NAME **MARK** STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 13. 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 attactiment with an address, with all other like empowered. JAME WALL DIRECTOR 4/30/01 (505)896-9034

SIGNATURE: