2002 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 05, 2002 8:00 am § Secretary of State DOCUMENT # L98000002234 1. Entity Name 03-05-2002 90056 029 ****50.00 IDOM MIAMI, LLC Mailing Address Principal Place of Business ONE GATEWAY CENTER. 3RD FLOOR 444 BRICKELL AVENUE, SUITE 535 930472 NEWARK NJ 07102 MIAMI FL 33131 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 22-3612544 Not Applicable Country Zip \$5.00 Additional Ζiρ Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RANIERE, VINCENT J Street Address (P.O. Box Number is Not Acceptable) 444 BRICKELL AVENUE, SUITE 800 **MIAMI FL 33131** Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. MGRM Change ☐ Addition ☐ Delete TITLE TITLE RANIERE, VINCENT J NAME NAMÉ 444 BRICKELL AVENUE, SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 MGRM Delete TITLE Change ☐ Addition TITLE CODIGNOTTO, STEPHEN NAME NAME STREET ADDRESS ONE GATEWAY CENTER, THIRD FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEWARK NJ 07102** MGRM Change ☐ Addition TITLE ☐ Delete TITLE IDOM, INC. NAME NAME ONE GATEWAY CENTER, THIRD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEWARK NJ 07102** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZiP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS TRE CITY CITY-ST-ZIP nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information légal effect as if made under oath; that I am a managing member or manager of the required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this filling does not qualify the the exe indicated on this report is true and accurate and that my signature hall have the same VINCENT A. CRISCILLO limited liability company or the

VICE PRESIDENT, CONTROLLER OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date