2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 013530** ALACHUA TUNG OIL COMPANY 01-25-2001 90256 012 ***150.00 Principal Place of Business Mailing Address 51 CHESTNUT RIDGE ROAD 51 CHESTNUT RIDGE ROAD 608889 MONTVALE NJ 07645 MONTVALE NJ 07645 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 13-6181777 Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City 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 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. CR2E034 (10/00) TITLE Defete TITLE Change ☐ Addition S RAFFERTY, JOHN T. NAME NAME Glaccum, JoAnn STREET ADDRESS 440 E. 23RD STREET STREET ADDRESS 51 Chestnut Ridge Road CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP Montvale, NJ 07645 TITLE X Delete TITLE X Change ☐ Addition COO ROOB, RICHARD NAME NAME Abrams, Denis STREET ADDRESS 14 E. 90TH STREET STREET ADDRESS 51 Chestnut Ridge Road Montvale, NJ 07645 CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP Change TITLE TITLÈ ☐ Delete ☐ Addition DUPUY, YVAN NAME NAME 23 MACINTYRE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALLENDALE NJ TITLE ☐ Delete TITLE Change Addition HENDERSON, JAMES E NAME NAME 2 EAST GATE DR STREET ADDRESS STREET ADDRESS **GLENWOOD NJ** CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Сhange TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

FILED