2000 UNIFORM BUSINESS REPORT (UBR)

May 05, 2000 8:00 am Secretary of State DOCUMENT # 115921 **PASKILL CORPORATION** 05-05-2000 90107 025 ***150.00 Principal Place of Business Mailing Address C/O LEBOEUF, 125 WEST 55TH STREET C/O CORPORATION SERVICE COMPANY ATT'N: S.E. FRANK - 12TH FLOOR 1201 HAYS STREET NEW YORK NY 10019 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-6088222 Not Applicable, \$8.75 Additional Country Zip Zip Country 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 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 DATE 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE CTD TITLE NAME KAHN, POLLY S NAME STREET ADDRESS 125 WEST 55TH STREET - 12TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10019-5389** ☐ Addition TITLE ☐ Change ☐ Delete PDAT NAME REDICAN, JOHN KYLE NAME STREET ADDRESS STREET ADDRESS 178 BRIXTON ROAD CITY-ST-ŽIP CITY-ST-ZIP **GARDEN CITY NY 11530** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME FRANK, SETH E STREET ADDRESS STREET ADDRESS 125 WEST 55TH STREET - 12TH FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019-5389 ☐ Change ☐ Addition TITLE VAS ☐ Delete TITLE NAME NAME DOWNEY, JAMES F STREET ADDRESS STREET ADDRESS 180 MAIDEN LANE CITY-ST-719 CITY-ST-ZIP NEW YORK NY 10038-4982 Change ☐ Addition ☐ Delete TITLE TITLE MORRIS, EDWARD W NAME NAME STREET ADDRESS STREET ADDRESS 1060 MOROE STREET CITY-ST-ZIP CITY-ST-ZIP **HOBOKEN NJ 07030** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OFFICE OR DIRECTOR VICE PRESIDENT Date Dayling Phone #