

2002

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
May 27, 2002 8:00 am  
Secretary of State

05-27-2002 90426 009 \*\*\*150.00

DOCUMENT # 270089  
1. Entity Name  
GRADIAZ, ANNIS & CO., INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business C/O GENERAL CIGAR HOLDINGS INC. Suite, Apt. #, etc. 387 PARK AVE SOUTH City & State NEW YORK, NY Zip 10016-8899		3. Mailing Address C/O GENERAL CIGAR HOLDINGS INC. Suite, Apt. #, etc. 387 PARK AVE SOUTH City & State NEW YORK, NY Zip 10016-8899	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2569062		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent			
				Name CT CORPORATION SYSTEM			
				Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD			
				City PLANTATION		FL	Zip Code 33324

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input checked="" type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CULLMAN, EDGAR M. JR. 387 PARK AVE SOUTH NEW YORK NY 10016	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SIMEONIDIS, NICHOLAS 387 PARK AVE SOUTH NEW YORK NY 10016	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KRAJEWSKI, JANET A. 387 PARK AVE SOUTH NEW YORK NY 10016	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT AIRD, JOSEPH 387 PARK AVE SOUTH NEW YORK NY 10016	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  JANET A. KRAJEWSKI 4/29/02 212-448-3800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)