2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # 280254 OHRBACH'S, INC. 04-27-2000 90002 039 ***150.00 Mailing Address Principal Place of Business 1114 AVE OF THE AMERICAS 2501 E GUASTI RD ONTARIO CA 91761 28TH FL 740VA NEW YORK NY 10036-7703 บร 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-1059991 Not Applicable Zip Country \$8.75 Additional 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VSD ☐ Change ☐ Addition TITLE TITLE ✓ Delete BREININ, BARTLEY J NAME NAME STREET ADDRESS STREET ADDRESS 1114 AVE OF THE AMERICAS, 28TH FL CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change Addition TITLE ☐ Delete TITLE NAME BRENNINKMEYER, ROLAND M. NAME STREET ADDRESS 1114 AVE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** Change ☐ Addition TITLE ☐ Delete ALLEX, KENNETH R. NAME NAME STREET ADDRESS STREET ADDRESS 1114 AVE OF THE AMERICAS, 28TH FL CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Change ■ Addition AST TITLE ☐ Delete TITLE GILLAN, GEORGE M. NAME NAME STREET ADDRESS 1114 AVE OF THE AMERICAS, 28TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR