2005 FOR PROFIT CORPORATION

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ANNUAL REPORT			Apr 21, 2005 08:00		
DOCUMENT # 414864				S	ecretary of Stat
1. Entity Harno MOHEGAN LAND COMPANY					·
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T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ailing Address		1	-	
P.O. BOX 3413 GRAND CENTRAL STATION F	WATERMAN MANAGEMENT CO 2.0. Box 3413 Grand Centra New York, NY 10163				
DO NOT WRITE IN THIS SPACE			04142005	No Chg-P	CR2E034 (10/03)
		_	4. FEI Numb 59-142		Applied For Hut Applicable
			5. Certificate	of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Current Regis	itered Agent		<u> </u>		Torridge
SCHWEIGER, JAMES 8052 ASPENCREST COURT ORLANDO, FL 32835	• • • • •	- · - <u></u> -		NOT W	
 The above named ontity submits this statement for the p the obligations of registered agent 	iurpose of changing its registero	rd office or register	ed agent, or bo	th, in the State of Flo	rida 1 am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title	d applicable (NOTE Registered	d Agent Signature required	when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.		.00 May Be ed to Fees		
10. OFFICERS AND DIREC	TORS	I		 	
MATERMAN, GEORGE STILL ADDRESS P.O. BOX 3413, GRAND CENTRAL S' CITY-ST-ZIP NEW YORK, NY	TATION, N/A				
TIME AS				<u>, Lideo</u>	00321517 5-80081-016 150. 0 0
NAME ORAM, PETER D. STREET ADDRESS 420 LEXINGTON AVE.,#2805				04/21/0	2-80081-018 18 0.0 0
CITY ST-7P NEW YORK, NY					
TITLE NAME	·				
STREET ADDRESS			DO	NOT W	DITE
CITY-ST ZIP					
TITE			IN ⁻	THIS SF	ACE
STREET ADDRESS					
CITY. ST-ZIP		<u> </u>			
TITLE NAME	_			F	. .
STREET ADDRESS	İ				
CITY ST ZIP	<u> </u>				

12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07(3Xi), Florida Statutes. I further certify that the information indicated on this report in supplemental report is true and accurate and that my signature shall have the same legal effect as if made under path, that I am an officer or director of the corporation or the report or trust re-empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY ST ZIP

the sident (George H, Waterman in SIGNATURE: SKONATURE AND TYPED OR PRINTED NAME OF SKONING OFFICER OR DIRECTOR

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Daylime Phone #