2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 813251 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name FLADEL REALTY COMPANY, INC. 04-26-2000 90079 034 ***150.00 Principal Place of Business Mailing Address 23 WALL ST 23 WALL ST NEW YORK N Y 10260-1000 NEW YORK N Y 10260-0023 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-6065215 Not Applicable Zip Country Zip Country \$8.75 Additional 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 City 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 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 OFFICERS AND DIRECTORS 11. TASD Change ☐ Addition TAS Delete TITLE TITLE MANCUSO, ANNE M. NAME NAME STREET ADDRESS STREET ADDRESS 23 WALL STREET CITY-ST-ZIF **NEW YORK NY** CITY-ST-ZIP AVAS D Addition Change PD TITLE TITLE Schiavi, Janine M. MARCHAND, DAVID H NAME 23 Wall Street STREET ADDRESS 23 WALL STREET STREET ADDRESS **NEW YORK NY** CITY-ST-7IP New York, N.Y. CITY-ST-ZIP VASD ☐ Change Addition VASD Delete TITLE TITLE Dugoff, Richard RICCI, CLIFFORD E. NAME NAME was Street STREET ADDRESS STREET ADDRESS 23 WALL STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NE** Change Addition VASD TITLE ☐ Delete ADKINSON, J DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 23 WALL STREET CITY-ST-ZIP CITY-ST-7IP NEW YORK, N Y ☐ Change Addition VSD ☐ Delete TITLE TITLE RODITI, JACK NAME NAME STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change Addition VASD Delete TITLE TITLE NAME COLE, E. CLIFFORD NAME STREET ADDRESS STREET ADDRESS 23 WALL STREET CITY-ST-ZIP CITY-ST-ZIP **NEW CITY NY**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

R2F034 (9/99)