FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90023 002 *1,050.00

DOCUMENT # 816667

1. Corporation Name
TREE PLATEAU CO., INC.

Principal Place of Business	Mailing Address
C/O GENE M. PRANZO 369 LEXINGTON AVENUE NEW YORK NY 10017-6559 US	C/O GENE M. PRANZO 369 LEXINGTON AVENUE NEW YORK NY 10017-6559 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/30/1963

4. FEI Number: 13-5668757 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 c/o Gene M. Pranzo 230 Park Avenue	26 c/o Gene M. Pranzo 230 Park Avenue
Suite, Apt. #, etc. 22 26th Floor	Suite, Apt. #, etc. 27 26th Floor
City & State 23 New York, NY	City & State 28 New York, NY
Zip / Country 24 10169-0069 25 USA	Zip / Country 29 10169-0069 30 USA

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	11 TITLE		☒ Change ☐ Addition
NAME	TALFORD, RICHARD S.		12 NAME		
STREET ADDRESS	369 LEXINGTON AV 24 FL		13 STREET ADDRESS	230 Park Avenue, 26th Floor	
CITY-ST-ZIP	NEW YORK, NY 00000 10017		14 CITY-ST-ZIP	New York, NY 10169-0069	
TITLE	DS	☐ DELETE	21 TITLE		☒ Change ☐ Addition
NAME	PRANZO, GENE M		22 NAME		
STREET ADDRESS	369 LEXINGTON AV 24 FL		23 STREET ADDRESS	230 Park Avenue, 26th Floor	
CITY-ST-ZIP	NEW YORK, NY 00000 10017		24 CITY-ST-ZIP	New York, NY 10169-0069	
TITLE	AT	☐ DELETE	31 TITLE		☒ Change ☐ Addition
NAME	POTTER, CAROL		32 NAME		
STREET ADDRESS	369 LEXINGTON AV 24 FL		33 STREET ADDRESS	230 Park Avenue, 26th Floor	
CITY-ST-ZIP	NEW YORK, NY 00000 10017		34 CITY-ST-ZIP	New York, NY 10169-0069	
TITLE	DP	☐ DELETE	41 TITLE		☒ Change ☐ Addition
NAME	TALFORD, DORIS K		42 NAME		
STREET ADDRESS	369 LEXINGTON AV 24 FL		43 STREET ADDRESS	230 Park Avenue, 26th Floor	
CITY-ST-ZIP	NEW YORK, NY 00000 10017		44 CITY-ST-ZIP	New York, NY 10169-0069	
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gene M. Pranzo Gene M. Pranzo 2-02-99 212-682-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #